# Case 17-04199 Doc 1 Filed 02/14/17 Entered 02/14/17 13:48:54 Desc Main Document Page 1 of 61

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                                     |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Megan First name  Diane Middle name  Daniels Last name and Suffix (Sr., Jr., II, III) | First name  James  Middle name  Daniels  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | FKA Megan Diane Tareelap  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-4142   | xxx-xx-4688   |

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Debtor 1 Megan Diane Daniels
Debtor 2 Robert James Daniels

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|--|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |
| 5. | Where you live   | 3206 Park Avenue Brookfield, IL 60513   | If Debtor 2 lives at a different address:  |  |  |
|    |  | Cook  | Number, Street, City, State & ZIP Code   |  |  |
|    |  | County  | County   |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.   | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |
|    | Why you are choosing this district to file for   | Brookfield, IL 60513  Number, Street, City, State & ZIP Code  Cook  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. |  |  |

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|     | otor 1<br>otor 2       | Megan Diane Dan<br>Robert James Dar   |   |  | Boodinient   |  | Case number (if known)   |  |  |  |
|-----|------------------------|---|---|--|--|--|--|--|--|--|
| Par | rt 2:                  | Tell the Court About  | Your Bank   | ruptcy Ca                                  | ase  |  |  |  |  |  |
| 7.  | The                    | chapter of the  | Check or  | ne. (For a l                               | brief description of each,   |  | by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy  |  |  |  |
|     |                        | cruptcy Code you are<br>osing to file under   | (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  ☐ Chapter 7 |  |  |  |  |  |  |  |
|     |                        |   |   |  |  |  |  |  |  |  |
|     |                        |   | ☐ Chap  |  |  |  |  |  |  |  |
|     |                        |   | ☐ Chap  |  |  |  |  |  |  |  |
|     |                        |   | ■ Chap  | ter 13                                     |  |  |  |  |  |  |
| 8.  | How                    | you will pay the fee  | ab<br>ord   | out how yo                                 | ou may pay. Typically, if y<br>attorney is submitting yo                               | ou are paying the fee  | eck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money ehalf, your attorney may pay with a credit card or check with  |  |  |  |
|     |                        |   |   |  | y the fee in installments<br>ee in Installments (Official                              |  | otion, sign and attach the Application for Individuals to Pay  |  |  |  |
|     |                        |   | □ Ire<br>bu   | equest that<br>t is not rec<br>plies to yo | at my fee be waived (You<br>juired to, waive your fee, a<br>ur family size and you are | u may request this opl<br>and may do so only if<br>a unable to pay the fee | tion only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line that is in installments). If you choose this option, you must fill out fficial Form 103B) and file it with your petition. |  |  |  |
| 9.  | Have you filed for     | ■ No.   |   |  |  |  |  |  |  |  |
|     |                        | bankruptcy within the last 8 years?   | ☐ Yes.  |  |  |  |  |  |  |  |
|     |                        |   |   | District                                   |  | When   | Case number  |  |  |  |
|     |                        |   |   | District                                   |  | When   | Case number  |  |  |  |
|     |                        |   |   | District                                   |  | When   | Case number  |  |  |  |
| 10. |                        | any bankruptcy  | ■ No  |  |  |  |  |  |  |  |
|     | filed<br>not f<br>you, | s pending or being<br>by a spouse who is<br>iling this case with<br>or by a business<br>ner, or by an<br>ate? | ☐ Yes.  |  |  |  |  |  |  |  |
|     |                        |   |   | Debtor                                     |  |  | Relationship to you  |  |  |  |
|     |                        |   |   | District                                   |  | When   | Case number, if known  |  |  |  |
|     |                        |   |   | Debtor                                     |  |  | Relationship to you  |  |  |  |
|     |                        |   |   | District                                   |  | When   | Case number, if known  |  |  |  |
| 11. |                        | ou rent your  | ■ No.   | Go to                                      | line 12.   |  |  |  |  |  |
|     | resid                  | lence?  | ☐ Yes.  | Has yo                                     | our landlord obtained an e   | eviction judgment agai   | inst you and do you want to stay in your residence?  |  |  |  |
|     |                        |   |   |  | No. Go to line 12.   | _  |  |  |  |  |
|     |                        |   |   |  | Yes. Fill out <i>Initial State</i> bankruptcy petition.                                | ment About an Evictic  | on Judgment Against You (Form 101A) and file it with this  |  |  |  |

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Debtor 1 Megan Diane Daniels

| Deb  | otor 2 Robert James Dar   | niels   |  | Case number (if known)  |
|--|---|---|--|---|
|  |   |   |  |   |
| Par  | Report About Any Bu   | sinesses  | You Own as a Sol                           | Proprietor  |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.   | Go to Part 4.                              |   |
|  |   | ☐ Yes.  | Name and locat                             | on of business  |
|  | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |   | Name of busine                             | s, if any   |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |   | Number, Street                             | City, State & ZIP Code  |
|  | it to this petition.  |   | Check the appr                             | priate box to describe your business:   |
|  |   |   | ☐ Health (                                 | are Business (as defined in 11 U.S.C. § 101(27A))   |
|  |   |   | ☐ Single A                                 | set Real Estate (as defined in 11 U.S.C. § 101(51B))  |
|  |   |   | ☐ Stockbr                                  | xer (as defined in 11 U.S.C. § 101(53A))  |
|  |   |   | ☐ Commo                                    | ty Broker (as defined in 11 U.S.C. § 101(6))  |
|  |   |   | ☐ None of                                  | ne above  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business  If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it of deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance is operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for in 11 U.S.C. 1116(1)(B). |   | you are a small business debtor, you must attach your most recent balance sheet, statement of |  |   |
|  | debtor?  For a definition of small  | ■ No.   | I am not filing u                          | der Chapter 11.   |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.   | I am filing unde<br>Code.                  | Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|  |   | ☐ Yes.  | I am filing unde                           | Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par  | t 4: Report if You Own or   | Have Any  | Hazardous Prope                            | ry or Any Property That Needs Immediate Attention   |
| 14.  | Do you own or have any  | ■ No.   |  |   |
|  | property that poses or is alleged to pose a threat  | ☐ Yes.  |  |   |
|  | of imminent and identifiable hazard to  | □ Tes.  | What is the hazard                         |   |
|  | public health or safety?  |   |  |   |
|  | Or do you own any property that needs immediate attention?  |   | If immediate atten-<br>needed, why is it r |   |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |   | Where is the propo                         | ty?  Number, Street, City, State & Zip Code   |
|  |   |   |  | , corresponds completed   |

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Debtor 1 Debtor 2 Robert James Daniels Case number (if known)

#### Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-04199 Doc 1 Filed 02/14/17 Entered 02/14/17 13:48:54 Desc Main Document Page 6 of 61

|                             | otor 2 Robert James Dai  |                                      |  |   | Case number                                     | (if known)  |  |  |  |
|-----------------------------|--|--------------------------------------|--|---|---|---|--|--|--|
| Par                         | t 6: Answer These Quest  | ions for Re                          | eporting Purposes  |   |   |   |  |  |  |
| 16.                         | What kind of debts do you have?                                | 16a.                                 | <u> </u>   | mer debts? Cons<br>, family, or househ  | sumer debts are define nold purpose."           | ed in 11 U.S.C. § 101(8) as "incurred by an   |  |  |  |
|                             |  |                                      | □ No. Go to line 16b.  |   |   |   |  |  |  |
|                             |  |                                      | Yes. Go to line 17.  |   |   |   |  |  |  |
|                             |  | 16b.                                 | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |   |   |  |  |  |
|                             |  |                                      | ☐ No. Go to line 16c.  |   |   |   |  |  |  |
|                             |  |                                      | ☐ Yes. Go to line 17.  |   |   |   |  |  |  |
|                             |  | 16c.                                 | State the type of debts you owe the  | hat are not consur                      | ner debts or business                           | debts   |  |  |  |
| 17.                         | Are you filing under Chapter 7?                                | ■ No.                                | I am not filing under Chapter 7. G   | io to line 18.                          |   |   |  |  |  |
|                             | Do you estimate that after any exempt property is excluded and | ☐ Yes.                               | I am filing under Chapter 7. Do yo are paid that funds will be availab   |   |   | rty is excluded and administrative expenses   |  |  |  |
|                             | administrative expenses are paid that funds will               |                                      | □ No   |   |   |   |  |  |  |
|                             | be available for<br>distribution to unsecured<br>creditors?    |                                      | ☐ Yes  |   |   |   |  |  |  |
| 18.                         | How many Creditors do  | <b>■</b> 1-49                        |  | <b>1</b> ,000-5,000                     |   | ☐ 25,001-50,000   |  |  |  |
|                             | you estimate that you owe?                                     | □ 50-99                              |  | <b>5001-10,000</b>                      |   | <u> </u>  |  |  |  |
|                             |  | ☐ 100-19<br>☐ 200-99                 |  | 10,001-25,0                             | 00  | ☐ More than100,000  |  |  |  |
| 19.                         | How much do you  | □ \$0 - \$5                          | 50,000   | □ \$1,000,001 ·                         | - \$10 million                                  | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|                             | estimate your assets to be worth?                              |                                      | 01 - \$100,000   | □ \$10,000,001                          | - \$50 million                                  | ☐ \$1,000,000,001 - \$10 billion  |  |  |  |
|                             | be worth.  |                                      | 001 - \$500,000<br>001 - \$1 million   | □ \$50,000,001<br>□ \$100,000,00        | - \$100 million<br>11 - \$500 million           | ☐ \$10,000,000,001 - \$50 billion<br>☐ More than \$50 billion                       |  |  |  |
| 20                          | How much do you  | □ \$0 - \$5                          | 50,000   | □ ¢4 000 004                            | ¢40 million                                     | П ф500 000 004 . ф4 hillion   |  |  |  |
| _0.                         | estimate your liabilities                                      |                                      | 01 - \$100,000   | □ \$1,000,001 · □ \$10,000,001          |   | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion                      |  |  |  |
|                             | to be?   |                                      | 001 - \$500,000  | □ \$50,000,001                          |   | □ \$10,000,000,001 - \$50 billion   |  |  |  |
|                             |  | □ \$500,0                            | 001 - \$1 million  | \$100,000,00                            | 11 - \$500 million                              | ☐ More than \$50 billion  |  |  |  |
| Par                         | t7: Sign Below   |                                      |  |   |   |   |  |  |  |
| For                         | you  | I have exa                           | amined this petition, and I declare  | under penalty of p                      | erjury that the information                     | ation provided is true and correct.   |  |  |  |
|                             |  |                                      | hosen to file under Chapter 7, I ar<br>ates Code. I understand the relief  |   |   | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.         |  |  |  |
|                             |  |                                      | ney represents me and I did not p<br>t, I have obtained and read the no  |   |   | an attorney to help me fill out this  |  |  |  |
| I request relief in accorda |  | relief in accordance with the chapt  | ter of title 11, Unite   | ed States Code, speci                   | ified in this petition.                         |   |  |  |  |
|                             |  | I understa<br>bankrupto<br>and 3571. | cy case can result in fines up to \$2  | cealing property, of 50,000, or impriso | or obtaining money or<br>onment for up to 20 ye | property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|                             |  | /s/ Mega                             | n Diane Daniels  |   | /s/ Robert James                                |   |  |  |  |
|                             |  |                                      | Diane Daniels<br>of Debtor 1   |   | Robert James Da<br>Signature of Debtor          |   |  |  |  |
|                             |  | Executed                             | on <b>February 13, 2017</b> MM / DD / YYYY   |   |   | ruary 13, 2017<br>/ DD / YYYY   |  |  |  |

Page 7 of 61 Document **Megan Diane Daniels** Debtor 1 **Robert James Daniels** Case number (if known) Debtor 2 I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed For your attorney, if you are represented by one under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) If you are not represented by and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the an attorney, you do not need schedules filed with the petition is incorrect. to file this page. /s/ Roxanna M. Hipple, Esq. Date February 13, 2017 Signature of Attorney for Debtor MM / DD / YYYY Roxanna M. Hipple, Esq. Printed name KUMOR & HIPPLE, P.C. Firm name 303 West Main Street West Dundee, IL 60118 Number, Street, City, State & ZIP Code

Email address

6211097

Bar number & State

Contact phone (847) 426-2900

rhipple@kumorhipple.com

|                     |                           | Docume            | ent Page 8 of 61 |                                      |
|---------------------|---------------------------|-------------------|------------------|--------------------------------------|
| Fill in this info   | rmation to identify your  | case:             |                  |                                      |
| Debtor 1            | Megan Diane Dar           | niels             |                  |                                      |
|                     | First Name                | Middle Name       | Last Name        |                                      |
| Debtor 2            | Robert James Da           | niels             |                  |                                      |
| (Spouse if, filing) | First Name                | Middle Name       | Last Name        |                                      |
| United States B     | Sankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number         |                           |                   |                  |                                      |
| (if known)          |                           |                   |                  | ☐ Check if this is an amended filing |

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | assets<br>of what you own |
|-----|--|-------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 232,709.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 8,952.34                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 241,661.34                |
| Paı | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 217,585.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 1,408.0                   |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 93,495.3                  |
|     | Your total liabilities   | \$          | 312,488.33                |
| Pai | t 3: Summarize Your Income and Expenses  |             |                           |
| 1.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 4,913.02                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,716.70                  |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 3.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                  |
|     | ■ Yes  |             |                           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

| <b>.</b> |                      | Document | Page 9 of 61           |  |
|----------|----------------------|----------|------------------------|--|
| Debtor 1 | Megan Diane Daniels  |          |                        |  |
| Debtor 2 | Robert James Daniels |          | Case number (if known) |  |

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11: OR, Form 122B Line 11: OR, Form 122C-1 Line 14. | \$  | 7,472.54 |
|----|--|-----|----------|
|    |  | i — |          |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim    |
|--|-------|----------|
| From Part 4 on Schedule E/F, copy the following:   |       |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 1,408.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 1,408.00 |

|              | Cas   | se 17-0419                                 | 9 Doc 1                                     |                            | )2/14/17<br>ument                                | Entered 02/14/17   | 7 13:48:54                        | Desc        | Main   |
|--------------|---|--|---|----------------------------|--|--|-----------------------------------|-------------|--|
| Fill         | in this inform  | ation to identify                          | your case and th                            |                            |  | 1 7000 107 01 01   |                                   |             |  |
| Deb          | otor 1  | Megan Dian                                 |   | e Name                     |  | Last Name  |                                   |             |  |
|              | otor 2<br>use, if filing)                               | Robert Jame                                |   | e Name                     |  | Last Name  |                                   |             |  |
| Unit         | ed States Ban   | kruptcy Court for                          | the: NORTHER                                | RN DISTR                   | ICT OF ILLIN                                     | IOIS   |                                   |             |  |
| Cas          | e number  |  |   |                            |  | -  |                                   |             | Check if this is an amended filing                             |
| _            |   | m 106A/E<br>• <b>A/B: P</b> i              | _   |                            |  |  |                                   |             | 12/15  |
| hink<br>nfor | it fits best. Be<br>mation. If more<br>ver every questi | as complete and<br>space is needed,<br>on. | accurate as possibl<br>attach a separate si | le. If two r<br>heet to th | narried people<br>is form. On the                | n asset fits in more than one of<br>e are filing together, both are e<br>e top of any additional pages,<br>on or Have an Interest In | qually responsib                  | le for supp | lying correct  |
|              | No. Go to Part 2  | 2.   | quitable interest in a                      | any reside                 | nce, building,                                   | land, or similar property?   |                                   |             |  |
|              |   | , , ,                                      |   |                            |  |  |                                   |             |  |
| 1.1          | 3206 Park /   | Avenue                                     |   | What                       |  | ? Check all that apply   | De west de door e                 |             | D.d  |
|              |   | available, or other des                    | scription                                   |                            | Single-family h Duplex or mult Condominium       | ti-unit building   | the amount of an                  | y secured c | s or exemptions. Put laims on Schedule D: Secured by Property. |
|              | Brookfield  | IL   | 60513-0000                                  |                            | Land   | or mobile home   | Current value of entire property? | ?           | Current value of the portion you own?                          |
|              | City  | State                                      | ZIP Code                                    | U U                        | Investment pro Timeshare Other as an interest    | in the property? Check one   |                                   | ture of you | \$232,709.00 r ownership interest by by the entireties, or     |
|              | County  |  |   |                            | Debtor 1 only<br>Debtor 2 only<br>Debtor 1 and D |  | Check if thi                      |             | unity property   |
|              |   |  |   |                            |  | ou wish to add about this item   | (                                 | ,<br>       |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$232,709.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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| Debto  | or 2 <b>R</b>   | obert James D   | anicis  |  | Case number (if known)                      |   |
|--|---|---|---|--|---|---|
| . Ca<br>□ I  |   | trucks, tractors,   | sport utility ve  | hicles, motorcycles  |   |   |
| <b>•</b>   | ⁄es   |   |   |  |   |   |
| 3.1  | Make:<br>Model:<br>Year:  | Infinity<br>G35 Sedan<br>2004   |   | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only   | the amount of any sec<br>Creditors Who Have | ed claims or exemptions. Put<br>cured claims on Schedule D:<br>Claims Secured by Property.    |
|  |   | nate mileage:<br>ormation:  | 132000  | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | Current value of the entire property?       | Current value of the portion you own?   |
|  |   |   |   | ☐ Check if this is community property (see instructions)   | \$3,400.0                                   | 93,400.00   |
| 3.2  | Make:<br>Model:   | Toyota<br>Camry Hybri   | d   | Who has an interest in the property? Check one  Debtor 1 only  | the amount of any see                       | ed claims or exemptions. Put<br>cured claims on Schedule D:<br>Claims Secured by Property.    |
|  | Other inf   | nate mileage: ormation:   |   | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | Current value of the entire property?       | Current value of the portion you own?   |
|  | Leased  | l Vehicle   |   | ☐ Check if this is community property (see instructions)   | \$0.0                                       | 0 \$0.00  |
| Exa  | mples: B  |   |   | d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle  |   |   |
| Exa<br>■ I   | mples: B  | oats, trailers, mot   | ors, personal wa  | d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle  | e accessories                               |   |
| Exa  | mples: B  | oats, trailers, mot   | ors, personal wa  | d other recreational vehicles, other vehicles, a   | accessories any entries for                 | \$3,400.00  |
| Exa  | mples: B  | oats, trailers, mot   | ors, personal wa<br>portion you ow<br>or Part 2. Write t  | d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle n for all of your entries from Part 2, including a that number here  | accessories any entries for                 | \$3,400.00  |
| Exa  Line  According to the second se | mples: B  | oats, trailers, mot<br>ollar value of the<br>have attached for<br>the Your Personal a   | ors, personal wa<br>portion you ow<br>or Part 2. Write t  | d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle n for all of your entries from Part 2, including a that number here  | accessories any entries for                 | \$3,400.00  Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exact Signature of Exact Signatu | mples: Brown of the second of the doges you be consider the constant of the second of | oats, trailers, mot<br>ollar value of the<br>have attached for<br>be Your Personal a<br>or have any legal<br>goods and furni                | portion you ow<br>or Part 2. Write t<br>and Household Ite<br>or equitable int                                   | d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle in for all of your entries from Part 2, including a that number here | accessories any entries for                 | Current value of the portion you own? Do not deduct secured                                   |
| Exact Signature of Exact Signatu | mples: Brown of the second of the doges you be consider the constant of the second of | oats, trailers, mot   | portion you ow<br>or Part 2. Write t<br>and Household Ite<br>or equitable int<br>shings<br>furniture, linens,   | d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle in for all of your entries from Part 2, including a chat number here | accessories any entries for                 | Current value of the portion you own? Do not deduct secured claims or exemptions.             |
| Exa  | mples: Brown of the doges you be camples: I No Yes. Description of the doges you be camples: I no Yes. Description of the doges you be camples: I no Yes. Description of the doges you be camples: I no Yes. Description of the doges you be camples: I no Yes.   | oats, trailers, mot ollar value of the have attached for the Your Personal a or have any legal goods and furni Major appliances, scribe  Ho | portion you ow<br>or Part 2. Write to<br>and Household Ite<br>or equitable into<br>shings<br>furniture, linens, | d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle in for all of your entries from Part 2, including a that number here | any entries for                             | Current value of the portion you own? Do not deduct secured claims or exemptions.             |
| Exa  | mples: Brown of the doges you be comples: I no yes. Description of the doges you be comples: I no yes. Description of the doges you be comples: I no yes. Description of the doges you be comples: I no yes. Description of the doges you be comples: I no yes. Description of the doges you be comples: I no yes.  | oats, trailers, mot ollar value of the have attached for the Your Personal a or have any legal goods and furni Major appliances, scribe  Ho | portion you ow<br>or Part 2. Write to<br>and Household Ite<br>or equitable into<br>shings<br>furniture, linens, | d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle on for all of your entries from Part 2, including a chat number here | any entries for                             | Current value of the portion you own? Do not deduct secured claims or exemptions.             |

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

|            |  | Case 17-  | 04199                                  | Doc 1                         | Filed 02/14/17<br>Document  | Entered 02/14/17 13:48<br>Page 12 of 61                       | 8:54 Desc Main  |
|------------|--|---|--|-------------------------------|-----------------------------|---|---|
|            | ebtor 1<br>ebtor 2                                     | Megan Diane<br>Robert Jame                              |  | <b>3</b>                      | Document                    | Case number (if   | if known)   |
|            | ☐ Yes.   | Describe  |  |                               |                             |   |   |
| 9.         | Exampl   | ent for sports a<br>les: Sports, photo<br>musical instr | graphic, ex                            | s<br>ercise, and c            | other hobby equipment;      | bicycles, pool tables, golf clubs, skis; c                    | canoes and kayaks; carpentry tools;   |
|            | ■ No<br>□ Yes.   | Describe  |  |                               |                             |   |   |
| 10.        | Firearr<br>Examp<br>■ No                               |   | s, shotguns                            | , ammunitior                  | n, and related equipmen     | t   |   |
|            | ☐ Yes.   | Describe  |  |                               |                             |   |   |
|            | □ No Î   |   | othes, furs,                           | leather coats                 | s, designer wear, shoes     | accessories   |   |
|            |  |   | Clothes                                |                               |                             |   | \$300.00  |
| 13.<br>14. | Non-fa Examp  No  Yes.  Any ot  No  Yes.  And t for Pa | Give specific inf                                       | d househo<br>ormation<br>of all of you | ld items you<br>ur entries fr |                             | ncluding any health aids you did no                           |   |
|            |  |   |  | iitable intere                | est in any of the follow    | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|            | □ No   |   |  |                               | our home, in a safe depo    | osit box, and on hand when you file yo                        | our petition  |
|            |  |   |  |                               |                             | Cash  | \$2.00  |
|            | Exam   |   |  |                               | al accounts; certificates o | of deposit; shares in credit unions, brolitiution, list each. | okerage houses, and other similar   |
|            | □ No<br>■ Yes  |   |  |                               | Institution r               | name:   |   |
|            |  |   | 17.1.                                  |                               | Checking                    | Account: Chase  | \$0.34  |

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Megan Diane Daniels Robert James Daniels

Case number (if known)

| De  | ebtor 2       | Robert James Daniels   | Case number (if known)   |  |
|-----|---------------|--|--|--|
| 18. |               | , mutual funds, or publicly traded stocks<br>bles: Bond funds, investment accounts with bro    | okerage firms, money market accounts   |  |
|     | ■ No          |  |  |  |
|     | ☐ Yes         | Institution or issuer r  | name:  |  |
|     | joint v       | ublicly traded stock and interests in incorporenture   | orated and unincorporated businesses, including an interest in   | an LLC, partnership, and                                     |
|     | No            |  |  |  |
|     | ☐ Yes.        | Give specific information about them  Name of entity:  | % of ownership:  |  |
|     | Negoti        |  | tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them. |  |
|     |               | Give specific information about them   |  |  |
|     | 00.           | Issuer name:   |  |  |
|     |               | ment or pension accounts<br>oles: Interests in IRA, ERISA, Keogh, 401(k), 4                    | 03(b), thrift savings accounts, or other pension or profit-sharing plan  | s  |
|     | _             | List each account separately.  Type of account:  | Institution name:  |  |
| 22. | Your s        |  | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies,               | or others  |
|     | No            |  |  |  |
|     | ☐ Yes.        |  | Institution name or individual:  |  |
|     | _             | ies (A contract for a periodic payment of mone   | ey to you, either for life or for a number of years)   |  |
|     | ■ No<br>□ Yes | Issuer name and description.   |  |  |
|     |               | ts in an education IRA, in an account in a qu<br>C. §§ 530(b)(1), 529A(b), and 529(b)(1).      | ualified ABLE program, or under a qualified state tuition progra   | m.   |
|     | Yes           | Institution name and description   | n. Separately file the records of any interests.11 U.S.C. § 521(c):  |  |
|     | ■ No          |  | ther than anything listed in line 1), and rights or powers exercis   | sable for your benefit                                       |
|     | ☐ Yes.        | Give specific information about them   |  |  |
|     |               | s, copyrights, trademarks, trade secrets, an<br>oles: Internet domain names, websites, proceed |  |  |
|     | ☐ Yes.        | Give specific information about them   |  |  |
|     |               | es, franchises, and other general intangible bles: Building permits, exclusive licenses, coop  | es<br>perative association holdings, liquor licenses, professional licenses  |  |
|     | _             | Give specific information about them   |  |  |
| Мс  | oney or       | property owed to you?  |  | Current value of the portion you own?  Do not deduct secured |
|     |               |  |  | claims or exemptions.  |

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1

|                           | Case 17-04199                                    | Doc 1 Filed 02/14/17<br>Document  | Entered 02/14/17 13:48:54<br>Page 14 of 61                    | Desc Main                  |
|---------------------------|--|---|---|----------------------------|
| Debtor 1<br>Debtor 2      | Megan Diane Daniels Robert James Daniels         |   | Case number (if known)  | ·                          |
| ☐ No                      | funds owed to you  Give specific information abo | out them, including whether you alre  | eady filed the returns and the tax years                      |                            |
|                           |  | Estimated Refund  | Federal   | \$3,000.00                 |
| □ No ´                    |  |   | ort, maintenance, divorce settlement, propert                 | y settlement               |
|                           |  | Past Due Child Support  | Child Support   | \$1,200.00                 |
| Examp<br>■ No             |  |   | efits, sick pay, vacation pay, workers' compe                 | ensation, Social Security  |
| Exam <sub>p</sub><br>■ No | Name the insurance compan                        | insurance; health savings account (<br>ny of each policy and list its value.<br>any name: | HSA); credit, homeowner's, or renter's insura<br>Beneficiary: | Surrender or refund value: |
| If you a some o           |  | te you from someone who has die trust, expect proceeds from a life in                     | ed<br>Isurance policy, or are currently entitled to rec       | ceive property because     |
| Exam <sub>p</sub><br>■ No |  | ther or not you have filed a lawsu<br>disputes, insurance claims, or rights               | it or made a demand for payment<br>is to sue                  |                            |
| ■ No                      | contingent and unliquidated  Describe each claim | d claims of every nature, includin  | g counterclaims of the debtor and rights t                    | o set off claims           |
| ■ No                      | nancial assets you did not a                     | already list  |   |                            |
|                           | -  | ır entries from Part 4, including a<br>'e   | ny entries for pages you have attached                        | \$4,202.34                 |
| Part 5: De                | scribe Any Business-Related F                    | Property You Own or Have an Interest  | In. List any real estate in Part 1.                           |                            |
| No. Go                    | , , ,  | able interest in any business-related p   | roperty?  |                            |

Official Form 106A/B Schedule A/B: Property page 5

Case 17-04199 Doc 1 Filed 02/14/17 Entered 02/14/17 13:48:54 Desc Main Page 15 of 61 Document **Megan Diane Daniels** Debtor 1 Debtor 2 **Robert James Daniels** Case number (if known) Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$232,709.00 Part 2: Total vehicles, line 5 \$3,400.00 Part 3: Total personal and household items, line 15 57. \$1,350.00 Part 4: Total financial assets, line 36 \$4,202.34 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00

\$0.00

Copy personal property total

\$8,952.34

Official Form 106A/B Schedule A/B: Property page 6

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$8,952.34

\$241,661.34

|                     |                          | 1700.111110.      | III FAUE TO ULUT |                                    |
|---------------------|--------------------------|-------------------|------------------|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                                    |
| Debtor 1            | Megan Diane Dar          | niels             |                  |                                    |
|                     | First Name               | Middle Name       | Last Name        |                                    |
| Debtor 2            | Robert James Da          | niels             |                  |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                    |
| Case number         |                          |                   |                  |                                    |
| (if known)          |                          |                   |                  | Check if this is an amended filing |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|--|--------------------------------------|-----|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |  |
| 3206 Park Avenue Brookfield, IL<br>60513   | \$232,709.00                         |     | \$15,000.00   | 735 ILCS 5/12-901                  |  |
| Line from Schedule A/B: 1.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Household furnishings and appliances   | \$1,000.00                           |     | \$1,000.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 6.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Electronics: Line from Schedule A/B: 7.1   | \$50.00                              |     | \$50.00   | 735 ILCS 5/12-1001(b)              |  |
| Ellie Helli estiloddie 172. TT   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Clothes Line from Schedule A/B: 11.1   | \$300.00                             |     | \$300.00  | 735 ILCS 5/12-1001(a)              |  |
| Elle Holli Genedale PVD. 1111  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Cash Line from Schedule A/B: 16.1  | \$2.00                               |     | \$2.00  | 735 ILCS 5/12-1001(b)              |  |
| Elle Helli Gelledale PVD. 1911   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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Megan Diane Daniels

**Robert James Daniels** Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking Account: Chase** 735 ILCS 5/12-1001(b) \$0.34 \$0.34 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Federal: Estimated Refund 735 ILCS 5/12-1001(b) \$3,000.00 \$3,000.00 Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit **Child Support: Past Due Child** 735 ILCS 5/12-1001(b) \$1,200.00 \$1,200.00 Support Line from Schedule A/B: 29.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1

|  |  | Document   | Page 18             | 3 of 61   |  |                             |
|--|--|--|---------------------|---|--|-----------------------------|
| Fill in this informa                                       | tion to identify you                               | ur case:   |                     |   |  |                             |
| Debtor 1   | Megan Diane Da                                     | aniels  Middle Name  | Last Name           |   |  |                             |
| Debtor 2<br>(Spouse if, filing)                            | Robert James D                                     | Daniels  Middle Name   | Last Name           |   |  |                             |
| United States Bank   | ruptcy Court for the                               | : NORTHERN DISTRICT OF ILL   | INOIS               |   |  |                             |
| Case number  |  |  |                     |   | _  | if this is an<br>led filing |
| Official Form  | 106D   |  |                     |   |  |                             |
| Schedule D   | : Creditors  | Who Have Claims  | Secured             | by Propert  | y  | 12/15                       |
|  |  | If two married people are filing togeth<br>out, number the entries, and attach it            |                     |   |  |                             |
| 1. Do any creditors ha                                     | ive claims secured by                              | y your property?   |                     |   |  |                             |
| □ No. Check th   | nis box and submit t                               | his form to the court with your other  | schedules. Yo       | ou have nothing else t                                  | o report on this form.                       |                             |
| Yes. Fill in all   | Il of the information                              | below.   |                     |   |  |                             |
| Part 1: List All S   | Secured Claims                                     |  |                     |   |  |                             |
|  | aims. If a creditor has                            | more than one secured claim, list the cre  | editor separately   | Column A  | Column B                                     | Column C                    |
| for each claim. If more much as possible, list             | e than one creditor has<br>the claims in alphabeti | s a particular claim, list the other creditors<br>ical order according to the creditor's nam | s in Part 2. As ne. | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1 Chase Mort  Creditor's Name                            | gage   | Describe the property that secures to  |                     | \$203,417.00  | \$232,709.00                                 | \$0.00                      |
| Creditor's Name  |  | 3206 Park Avenue Brookfiel<br>60513  | d, IL               |   |  |                             |
| 3415 Vision<br>Columbus,                                   |  | As of the date you file, the claim is: apply.  Contingent                                    | Check all that      |   |  |                             |
| Number, Street, Ci   | ty, State & Zip Code                               | ☐ Unliquidated☐ Disputed   |                     |   |  |                             |
| Who owes the debt  | ? Check one.                                       | Nature of lien. Check all that apply.  |                     |   |  |                             |
| ■ Debtor 1 only ■ Debtor 2 only                            |  | An agreement you made (such as car loan)   | mortgage or sec     | cured   |  |                             |
| Debtor 1 and Debt  | ,  | ☐ Statutory lien (such as tax lien, med  | chanic's lien)      |   |  |                             |
| ☐ At least one of the ☐ Check if this clair community debt |  | ☐ Use Judgment lien from a lawsuit☐ Other (including a right to offset)                      |                     |   |  |                             |
| ·  | Opened<br>1/04/13<br>Last Active                   |  |                     |   |  |                             |
| Date debt was incurr                                       |  | Last 4 digits of account numl  | ber <u>8404</u>     |   |  |                             |
| 2.2 Go Financia  | al   | Describe the property that secures to  | the claim:          | \$8,214.00  | \$3,400.00                                   | \$4,814.00                  |
| Creditor's Name  |  | 2004 Infinity G35 Sedan 132 miles  | 000                 |   |  |                             |
| 7465 E Ham<br>Mesa, AZ 85                                  |  | As of the date you file, the claim is: apply.  | Check all that      |   |  |                             |
|  | ty, State & Zip Code                               | ☐ Contingent ☐ Unliquidated  |                     |   |  |                             |
| Who owes the debt  | ? Check one.                                       | ☐ Disputed  Nature of lien. Check all that apply.  |                     |   |  |                             |
| Debtor 1 only  |  | An agreement you made (such as   | mortgage or sec     | cured   |  |                             |
| ■ Debtor 2 only  |  | car loan)  | . 5.5-5-0.000       |   |  |                             |
| Debtor 1 and Debt  | or 2 only  | ☐ Statutory lien (such as tax lien, med  | chanic's lien)      |   |  |                             |

Official Form 106D

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

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| Debtor 1 Megan D                     | iane Daniels                                 |   | Cas              | e number (if know)                                |        |            |
|--------------------------------------|--|---|------------------|---|--------|------------|
| First Name                           | Middle N                                     | ame Last Name                                     |                  | _   |        |            |
| Debtor 2 Robert J                    | ames Daniels                                 |   |                  |   |        |            |
| First Name                           | Middle N                                     | ame Last Name                                     |                  |   |        |            |
| ☐ Check if this claim community debt | relates to a                                 | Other (including a right to offset)               |                  |   |        |            |
| Date debt was incurred               | Opened<br>06/15 Last<br>Active<br>9/30/16    | Last 4 digits of account number                   | 8201             |   |        |            |
| 2.3 Toyota Motor                     | r Credit                                     | Describe the property that secures the            | claim:           | \$5,954.00  | \$0.00 | \$5,954.00 |
| Creditor's Name                      |  | Toyota Camry Hybrid                               |                  | <del>+ + + + + + + + + + + + + + + + + + + </del> |        | 40,00000   |
| Toyota Finan                         | cial   | Leased Vehicle                                    |                  |   |        |            |
| Services                             |  |   |                  |   |        |            |
| Po Box 8026                          |  | As of the date you file, the claim is: Checapply. | ck all that      |   |        |            |
| Cedar Rapids                         | s, IA 52408                                  | ☐ Contingent                                      |                  |   |        |            |
| Number, Street, City                 | , State & Zip Code                           | ☐ Unliquidated                                    |                  |   |        |            |
|                                      | •  | ☐ Disputed  |                  |   |        |            |
| Who owes the debt?                   | Check one.                                   | Nature of lien. Check all that apply.             |                  |   |        |            |
| Debtor 1 only                        |  | ■ An agreement you made (such as mort             | raage or secured | I   |        |            |
| Debtor 2 only                        |  | car loan)   | gago or occaroa  | •   |        |            |
| Debtor 1 and Debtor                  | 2 only                                       | ☐ Statutory lien (such as tax lien, mechar        | vic's lion)      |   |        |            |
| At least one of the de               |  | ☐ Judgment lien from a lawsuit                    | iics iieri)      |   |        |            |
| ☐ Check if this claim                |  | ☐ Other (including a right to offset)             |                  |   |        |            |
| community debt                       | relates to a                                 | Other (including a right to offset)               |                  |   |        |            |
| Date debt was incurred               | Opened<br>02/15 Last<br>Active<br>1 10/25/16 | Last 4 digits of account number                   | B286             |   |        |            |
|                                      |  |   | -                |   |        |            |
|                                      |  |   |                  | 4045 505 55                                       |        |            |
|                                      | -  | Column A on this page. Write that number          | here:            | \$217,585.00                                      |        |            |
| Write that number he                 |  | the dollar value totals from all pages.           |                  | \$217,585.00                                      |        |            |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   | Case  | : 17-04199 D   | OC I  | Document   |                                      | 20 of 6                                       | /14/17 13.4<br>31   | 0.54                                 | Desc IVIO                                       | AII I                              |                             |
|---|---|--|---|--|--------------------------------------|---|---|--------------------------------------|---|------------------------------------|-----------------------------|
| Fill in t   | this informati  | on to identify your ca   | ase:  | 120200000000000000000000000000000000000  |                                      | . 7 (7 (7)                                    |   |                                      |   |                                    |                             |
| Debtor  | 1   | Megan Diane Danie  | ale   |  |                                      |   |   |                                      |   |                                    |                             |
| Dobtor  |   | First Name   |   | Name   | Last Nar                             | ne  |   |                                      |   |                                    |                             |
| Debtor  |   | Robert James Dani  |   |  |                                      |   |   |                                      |   |                                    |                             |
| (Spouse it  | if, filing) I   | First Name   | Middle  | Name   | Last Nar                             | ne  |   |                                      |   |                                    |                             |
| United  | States Bankru   | uptcy Court for the:   | NORTHE  | RN DISTRICT OF ILL   | INOIS                                |   |   |                                      |   |                                    |                             |
| Case n  | umber   |  |   |  |                                      |   |   |                                      |   |                                    |                             |
| (if known)  | )   |  |   |  |                                      |   |   |                                      | ☐ Check if                                      |                                    | n                           |
|   |   |  |   |  |                                      |   |   |                                      | amended   | d filing                           |                             |
| Officia   | al Form 1   | 06E/F  |   |  |                                      |   |   |                                      |   |                                    |                             |
|   |   | : Creditors Wh   | no Hav  | e Unsecured  | Claim                                | ıs  |   |                                      |   | 12/1                               | 5                           |
| any exect<br>Schedule<br>Schedule<br>left. Attac<br>name an | cutory contract<br>e G: Executory<br>e D: Creditors<br>ich the Continu<br>ed case numbe | ,  | nat could re<br>ed Leases (<br>red by Prop<br>. If you have | esult in a claim. Also li<br>Official Form 106G). D<br>erty. If more space is r<br>e no information to rep   | st execut<br>o not incl<br>needed, c | ory contract:<br>ude any cred<br>opy the Part | s on Schedule A/B<br>ditors with partiall<br>you need, fill it ou | : Property<br>y secured<br>t, number | (Official Form claims that are the entries in t | 106A/B)<br>e listed in<br>the boxe | ) and on<br>in<br>es on the |
| Part 1:   |   | Your PRIORITY Uns  |   |  |                                      |   |   |                                      |   |                                    |                             |
|   | •   | nave priority unsecured  | claims aga  | inst you?  |                                      |   |   |                                      |   |                                    |                             |
|   | No. Go to Part 2<br>Yes.  | 2.   |   |  |                                      |   |   |                                      |   |                                    |                             |
| iden<br>poss<br>Part  | ntify what type o<br>sible, list the cla<br>t 1. If more than                           | ority unsecured claims. f claim it is. If a claim has<br>ims in alphabetical order<br>one creditor holds a parti<br>of each type of claim, see | both priority<br>according to<br>icular claim,              | and nonpriority amount<br>to the creditor's name. If y<br>list the other creditors in  | s, list that<br>you have in Part 3.  | claim here ar<br>more than two                | nd show both priorit  | y and nonp                           | oriority amounts.  out the Continu              | . As mucl                          | ch as<br>age of             |
| 2.1   | IRS   |  |   | Last 4 digits of accour  | nt numbe                             | r   | \$1,408.0   |                                      | \$1,408.00                                      |                                    | \$0.00                      |
|   | Priority Credito  |  |   | \A/In any company through a line of the company through the compan |                                      | 0.4/4/2004                                    |   |                                      |   |                                    |                             |
|   |   | ia, PA 19101-7346  |   | When was the debt inc  | currea?                              | 04/1/201                                      | 10  |                                      |   |                                    |                             |
|   |   | City State Zlp Code  |   | As of the date you file,   | , the clain                          | n is: Check a                                 | II that apply   |                                      |   |                                    |                             |
|   |   | e debt? Check one.   |   | Contingent   |                                      |   |   |                                      |   |                                    |                             |
|   | Debtor 1 only   |  |   | ☐ Unliquidated   |                                      |   |   |                                      |   |                                    |                             |
|   | Debtor 2 only   |  |   | ☐ Disputed   |                                      |   |   |                                      |   |                                    |                             |
|   | Debtor 1 and [  | •  |   | Type of PRIORITY uns   |                                      | aim:  |   |                                      |   |                                    |                             |
|   | At least one of   | the debtors and another  |   | Domestic support ob  | oligations                           |   |   |                                      |   |                                    |                             |
|   |   | claim is for a communit  | -   | Taxes and certain of   |                                      | ,   | 3   |                                      |   |                                    |                             |
|   | the claim subj  | ect to offset?   |   | Claims for death or p  |                                      |   |   |                                      |   |                                    |                             |
|   | No<br>Yes   |  |   | Other. Specify   |                                      |   |   |                                      |   |                                    |                             |
|   |   |  |   |  |                                      |   |   |                                      |   |                                    |                             |
| Part 2:   |   | Your NONPRIORITY   |   |  |                                      |   |   |                                      |   |                                    |                             |
| _   | -   | nave nonpriority unsecu  |   |  |                                      |   |   |                                      |   |                                    |                             |
| Ш   | No. You have no   | othing to report in this par   | t. Submit th  | is form to the court with  | your other                           | schedules.                                    |   |                                      |   |                                    |                             |
|   | Yes.  |  |   |  |                                      |   |   |                                      |   |                                    |                             |
| unse  | ecured claim, lis   | npriority unsecured clain<br>st the creditor separately folds a particular claim, list   | or each clai  | m. For each claim listed,  | , identify w                         | hat type of cl                                | aim it is. Do not list  | claims alre                          | ady included in                                 | Part 1. It                         | If more                     |

Total claim

Part 2.

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| Debtor 1<br>Debtor 2 | Megan Diane Daniels Robert James Daniels   |  | Case number (if know)   |          |
|----------------------|--|--|---|----------|
| 4.1                  | American Express   | Last 4 digits of account number  | 3043  | \$559.00 |
| (<br><u>;</u><br>1   | Nonpriority Creditor's Name Corporate Headquarters 200 Vesey Street , 44th Floor New York, NY 10285 Number Street City State Zlp Code  | When was the debt incurred?  As of the date you file, the claim  | Opened 06/15 Last Active 8/10/15 s: Check all that apply                      |          |
| 1                    | Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify  Credit card | ration agreement or divorce that you did not g plans, and other similar debts |          |
| 4.2                  | Brookfield Police Department   | Last 4 digits of account number  | 5958  | \$50.00  |
| ;                    | Nonpriority Creditor's Name<br>8820 Brookfield Avenue<br>Brookfield, IL 60513  | When was the debt incurred?  | 01/1/2016   |          |
| ī                    | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim   | s: Check all that apply   |          |
| <br>                 | ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims   | d claim: ration agreement or divorce that you did not                         |          |
|                      | ■ No   | ☐ Debts to pension or profit-sharin  | g plans, and other similar debts  |          |
|                      | Yes  | Other. Specify Parking Tic   | ket   |          |
|                      | Cbe Group  | Last 4 digits of account number  | 2652  | \$178.00 |
| !<br>!<br>           | Nonpriority Creditor's Name  Attn: Bankruptcy Po Box 900  Waterloo, IA 50704  Number Street City State Zlp Code  | When was the debt incurred?  As of the date you file, the claim  | Opened 06/16 Last Active 7/22/16 s: Check all that apply                      |          |
|                      | Who incurred the debt? Check one.  Debtor 1 only   | ☐ Contingent   |   |          |
|                      | ☐ Debtor 2 only  | ☐ Unliquidated   |   |          |
| [                    | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
| 1                    | At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:  |          |
| •                    | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not                                  |          |
|                      | No   | Debts to pension or profit-sharin  | g plans, and other similar debts  |          |
| 1                    | □ Yes  | Other Specify Collection-  | Comcast   |          |

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| Debtor 2 | Megan Diane Daniels Robert James Daniels  |  | Case number (if know)   |             |
|----------|---|--|---|-------------|
| 4.4      | Chase   | Last 4 digits of account number  | 1504  | \$17,217.00 |
|          | Nonpriority Creditor's Name Corporate Headquarters 270 Park Avenue New York, NY 10017 Number Street City State Zlp Code Who incurred the debt? Check one.                                       | When was the debt incurred?  As of the date you file, the claim  | Opened 08/14 Last Active 1/17/16  | <b>V.1,</b> |
|          | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify ☐ Credit card | ration agreement or divorce that you did not g plans, and other similar debts |             |
| 4.5      | Chase   | Last 4 digits of account number  | 7024  | \$6,755.00  |
|          | Nonpriority Creditor's Name Corporate Headquarters 270 Park Avenue New York, NY 10017   | When was the debt incurred?  | Opened 12/13 Last Active 1/10/16  | ψ0,733.00   |
| =        | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | s: Check all that apply   |             |
|          | Debtor 1 only   | ☐ Contingent   |   |             |
|          | □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No                       | ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing   | ration agreement or divorce that you did not                                  |             |
|          | ☐ Yes   | Other. Specify Credit card   |   |             |
|          | Chase Nonpriority Creditor's Name   | Last 4 digits of account number  | 4156  | \$3,151.00  |
|          | Corporate Headquarters 270 Park Avenue New York, NY 10017 Number Street City State Zlp Code   | When was the debt incurred?  As of the date you file, the claim  | Opened 06/10 Last Active 1/10/16 s: Check all that apply                      |             |
|          | Who incurred the debt? Check one.   | _  | s: опеск ан mar appry   |             |
|          | ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No      | report as priority claims  Debts to pension or profit-sharing  | ration agreement or divorce that you did not g plans, and other similar debts |             |
|          | Yes   | Other. Specify Credit card   |   |             |

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| Debto | Robert James Daniels   |  | Case number (if know)   |            |
|-------|--|--|---|------------|
| 4.7   | Citibank   | Last 4 digits of account number  |   | \$1,379.00 |
|       | Nonpriority Creditor's Name 399 Park Avenue Headquarters New York, NY 10001  | When was the debt incurred?  | Date Opened: 08/8/2014 Last<br>Used: 01/1/2015                                | _          |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | s: Check all that apply   |            |
|       | Debtor 1 only  | ☐ Contingent   |   |            |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated<br>☐ Disputed   |   |            |
|       | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No                             | Type of NONPRIORITY unsecured  ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | ration agreement or divorce that you did not                                  |            |
|       | Yes  | Other. Specify Credit card   |   | _          |
| 4.8   | Citibank Nonpriority Creditor's Name   | Last 4 digits of account number  | 6275  | \$6,534.00 |
|       | 399 Park Avenue Headquarters New York, NY 10001  | When was the debt incurred?  | Opened 08/14 Last Active 1/02/16  | _          |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | s: Check all that apply   |            |
|       | ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separations                  | d claim:  I claim:  I claim:  |            |
|       | Is the claim subject to offset?  ■ No  | report as priority claims  Debts to pension or profit-sharir   | g plans, and other similar debts  |            |
|       | ☐ Yes  | Other. Specify Credit card   |   | _          |
| 4.9   | Citibank   | Last 4 digits of account number  | 7963  | \$106.00   |
|       | Nonpriority Creditor's Name 399 Park Avenue Headquarters New York, NY 10001  | When was the debt incurred?  | Opened 11/11 Last Active 11/17/16   | _          |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | s: Check all that apply   |            |
|       | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community          | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans  | d claim:  |            |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing  | ration agreement or divorce that you did not g plans, and other similar debts |            |
|       | Yes  | Other. Specify Credit card   |   | _          |

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| Debtoi<br>Debtoi | Megan Diane Daniels Robert James Daniels  |  | Case number (if know)                           |            |
|------------------|---|--|---|------------|
| 4.1              | Credit Control  | Last 4 digits of account number  | 0836  | \$118.73   |
|                  | Nonpriority Creditor's Name<br>5757 Phantom Drive<br>Suite 330<br>Hazelwood, MO 63042     | When was the debt incurred?  | 01/1/2016                                       |            |
|                  | Number Street City State ZIp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim   | is: Check all that apply                        |            |
|                  | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |   |            |
|                  | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                    | ☐ Disputed  Type of NONPRIORITY unsecured                                    | d claim:  |            |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset?             | Student loans  | aration agreement or divorce that you did not   |            |
|                  | No  | Debts to pension or profit-sharin  | o plans, and other similar debts                |            |
|                  | □ Yes   | Other. Specify Collection-   |   |            |
| 4.1              | Discover Financial Services LLC   | Last 4 digits of account number  |   | \$1,967.00 |
|                  | Nonpriority Creditor's Name Corporate Headquarters 2500 Lake Cook Rd Riverwoods, IL 60015 | When was the debt incurred?  | Date Opened: 03/10/2014 Last<br>Used: 01/1/2015 |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim   | is: Check all that apply                        |            |
|                  | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:  |            |
|                  | ☐ Check if this claim is for a community  | Student loans  |   |            |
|                  | debt Is the claim subject to offset?  | report as priority claims  | aration agreement or divorce that you did not   |            |
|                  | ■ No  | Debts to pension or profit-sharing   |   |            |
|                  | Yes   | Other. Specify Credit card   |   |            |
| 4.1              | Discover Financial Services LLC  Nonpriority Creditor's Name                              | Last 4 digits of account number  | 9603  | \$7,132.00 |
|                  | Corporate Headquarters<br>2500 Lake Cook Rd<br>Riverwoods, IL 60015                       | When was the debt incurred?  | Opened 03/12 Last Active 1/15/16                |            |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.                       | As of the date you file, the claim   | is: Check all that apply                        |            |
|                  | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|                  | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:  |            |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset?             | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not   |            |
|                  | No  | Debts to pension or profit-sharin  | g plans, and other similar debts                |            |
|                  | ☐ Yes   | ■ Other. Specify Credit card   |   |            |

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| Debtor<br>Debtor | Megan Diane Daniels Robert James Daniels   |   | Case number (if know)                        |            |
|------------------|--|---|--|------------|
| 4.1              | Dupage Pathology Associates  | Last 4 digits of account number                     | 8931   | \$132.88   |
|                  | Nonpriority Creditor's Name<br>520 E 22nd Street<br>Lombard, IL 60148                    | When was the debt incurred?                         | 08/7/2016                                    |            |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.                      | As of the date you file, the claim i                | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only  | ☐ Contingent  |  |            |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated                                      |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|                  | At least one of the debtors and another  | Type of NONPRIORITY unsecured                       | d claim:                                     |            |
|                  | Check if this claim is for a community   | ☐ Student loans                                     |  |            |
|                  | debt Is the claim subject to offset?   | report as priority claims                           | ration agreement or divorce that you did not |            |
|                  | No   | Debts to pension or profit-sharing                  |  |            |
|                  | Yes  | Other. Specify Medical Bil                          | <u>ls</u>                                    |            |
| 4.1              | Healthcare Clinic Walgreens Nonpriority Creditor's Name                                  | Last 4 digits of account number                     | 3952   | \$25.00    |
|                  | 1901 E Voorhees<br>MS 3099   | When was the debt incurred?                         | 05/1/2016                                    |            |
|                  | Danville, IL 61832  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only  | ☐ Contingent  |  |            |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated                                      |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                       | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community   | Student loans                                       |  |            |
|                  | debt Is the claim subject to offset?   | report as priority claims                           | ration agreement or divorce that you did not |            |
|                  | No   | Debts to pension or profit-sharin                   |  |            |
|                  | Yes  | Other. Specify Medical Bil                          | <u>ls</u>                                    |            |
| 4.1<br>5         | Hinsdale Hospital/Amita Nonpriority Creditor's Name                                      | Last 4 digits of account number                     | 7362   | \$1,740.98 |
|                  | 75 Remittance Dr<br>STE 3250   | When was the debt incurred?                         | 05/1/2016                                    |            |
|                  | Chicago, IL 60675  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim i                | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only  | ☐ Contingent  |  |            |
|                  | Debtor 2 only  | ☐ Unliquidated                                      |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                       | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not |            |
|                  | Is the claim subject to offset?  | report as priority claims                           | ·  |            |
|                  | ■ No   | Debts to pension or profit-sharing                  | g plans, and other similar debts             |            |
|                  | Yes  | Other. Specify Medical Bil                          | ls   |            |

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| Debtor<br>Debtor | 1 Megan Diane Daniels<br>2 Robert James Daniels                               | Case number (if know)   |            |
|------------------|---|---|------------|
| 4.1              | Hinsdale Hospital/Amita   | Last 4 digits of account number   | \$2,000.00 |
|                  | Nonpriority Creditor's Name 75 Remittance Drive Chicago, IL 60675             | When was the debt incurred? 10/1/2016   |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply   |            |
|                  | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |            |
|                  | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another        | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans   |            |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|                  | ■ No □ Yes  | □ Debts to pension or profit-sharing plans, and other similar debts  ■ Other. Specify Medical Bills       |            |
| 4.1              | IC Systems, Inc Nonpriority Creditor's Name                                   | Last 4 digits of account number 4289  | \$1,432.00 |
|                  | 444 Highway 96 East<br>St Paul, MN 55127                                      | When was the debt incurred?   |            |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply   |            |
|                  | Debtor 1 only   | ☐ Contingent  |            |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|                  | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:  |            |
|                  | ☐ Check if this claim is for a community debt                                 | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
|                  | Is the claim subject to offset?   | report as priority claims   |            |
|                  | No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|                  | Yes   | Other. Specify Collection- Sprint   |            |
| 4.1              | Illinois Tollway  Nonpriority Creditor's Name                                 | Last 4 digits of account number   | \$200.00   |
|                  | 2700 Ogden Ave<br>Downers Grove, IL 60515                                     | When was the debt incurred?   |            |
|                  | Number Street City State ZIp Code   | As of the date you file, the claim is: Check all that apply   |            |
|                  | Who incurred the debt? Check one.   | _   |            |
|                  | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent  |            |
|                  | _   | ☐ Unliquidated  |            |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|                  | At least one of the debtors and another                                       | ☐ Student loans   |            |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|                  | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|                  | ☐Yes  | ■ Other. Specify Tolls  |            |

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| Debtor<br>Debtor | 1 Megan Diane Daniels<br>2 Robert James Daniels                         |   | Case number (if know)                        |             |
|------------------|---|---|--|-------------|
| 4.1              | Mario C Yu  | Last 4 digits of account number                     | 5837   | \$818.31    |
|                  | Nonpriority Creditor's Name<br>1919 Midwest Road<br>Oak Brook, IL 60523 | When was the debt incurred?                         | 01/1/2016                                    |             |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.    | As of the date you file, the claim                  | is: Check all that apply                     |             |
|                  | ■ Debtor 1 only   | ☐ Contingent  |  |             |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated                                      |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                  | $\square$ At least one of the debtors and another                       | Type of NONPRIORITY unsecured                       | d claim:                                     |             |
|                  | $\square$ Check if this claim is for a community                        | ☐ Student loans                                     |  |             |
|                  | debt Is the claim subject to offset?                                    | report as priority claims                           | ration agreement or divorce that you did not |             |
|                  | ■ No  | Debts to pension or profit-sharing                  | g plans, and other similar debts             |             |
|                  | Yes   | ■ Other. Specify Medical Bil                        | ls   |             |
| 4.2              | Oppity Fin Nonpriority Creditor's Name                                  | Last 4 digits of account number                     | 9972   | \$1,348.00  |
|                  | 11 E. Adams<br>Chicago, IL 60603  | When was the debt incurred?                         | Opened 2/23/16 Last Active 7/15/16           |             |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.     | As of the date you file, the claim                  | is: Check all that apply                     |             |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |  |             |
|                  | Debtor 2 only   | ☐ Unliquidated                                      |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                  | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured                       | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community                                | ☐ Student loans                                     |  |             |
|                  | debt Is the claim subject to offset?                                    | report as priority claims                           | ration agreement or divorce that you did not |             |
|                  | ■ No  | Debts to pension or profit-sharing                  | g plans, and other similar debts             |             |
|                  | Yes   | Other. Specify Unsecured                            |  |             |
| 4.2              | Pnc Bank Nonpriority Creditor's Name                                    | Last 4 digits of account number                     | 0005   | \$19,089.00 |
|                  | 2730 Liberty Ave<br>Pittsburgh, PA 15222                                | When was the debt incurred?                         | Opened 08/14 Last Active 1/01/16             |             |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.     | As of the date you file, the claim                  | is: Check all that apply                     |             |
|                  | ■ Debtor 1 only   | ☐ Contingent  |  |             |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated                                      |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                  | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured                       | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community debt                           | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not |             |
|                  | Is the claim subject to offset?   | report as priority claims                           |  |             |
|                  | ■ No  | Debts to pension or profit-sharing                  |  |             |
|                  | Yes   | Other. Specify Credit Card                          | I  |             |

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| Debtor<br>Debtor | <ul><li>1 Megan Diane Daniels</li><li>2 Robert James Daniels</li></ul> | Document Page 20   | Case number (if know)                        |             |
|------------------|--|--|--|-------------|
| 4.2              | Pnc Bank   |  | 0775   | \$17,663.00 |
| 2                | Nonpriority Creditor's Name  | Last 4 digits of account number                              |  | \$17,003.00 |
|                  | 2730 Liberty Ave<br>Pittsburgh, PA 15222                               | When was the debt incurred?                                  | Opened 07/14 Last Active 10/31/16            |             |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.    | As of the date you file, the claim i                         | is: Check all that apply                     |             |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|                  | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community                               | ☐ Student loans  |  |             |
|                  | debt Is the claim subject to offset?                                   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|                  | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |             |
|                  | □ Yes  | Other Specify Credit Card                                    | <u> </u>                                     |             |
| 4.2              | Proactiv   | Last 4 digits of account number                              | 4590   | \$263.64    |
|                  | Nonpriority Creditor's Name  |  |  |             |
|                  | PO box 2020<br>Harlan, IA 51593  | When was the debt incurred?                                  | 01/1/2016                                    |             |
|                  | Number Street City State Zlp Code                                      | As of the date you file, the claim i                         | is: Check all that apply                     |             |
|                  | Who incurred the debt? Check one.                                      | •  |  |             |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|                  | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|                  |  | ☐ Student loans  |  |             |
|                  | ☐ Check if this claim is for a community debt                          | _  | ration agreement or divorce that you did not |             |
|                  | Is the claim subject to offset?  | report as priority claims                                    | nation agreement of divorce that you did not |             |
|                  | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|                  | Yes  | Other Specify Other debt                                     |  |             |
| 4.2              | Quest Diagnostics  | Last 4 digits of account number                              | 5003   | \$63.60     |
|                  | Nonpriority Creditor's Name PO box 740397                              | When was the debt incurred?                                  | 07/23/2016                                   |             |
|                  | Cincinnati, OH 45274   | When was the dest mounted.                                   | 01123/2010                                   |             |
|                  | Number Street City State Zlp Code                                      | As of the date you file, the claim i                         | is: Check all that apply                     |             |
|                  | Who incurred the debt? Check one.                                      |  |  |             |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|                  | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community                               | ☐ Student loans  |  |             |
|                  | debt Is the claim subject to offset?                                   | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |
|                  | No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |             |
|                  | Yes  | Other. Specify Medical Bil                                   | ls   |             |

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| Debtor<br>Debtor | Megan Diane Daniels Robert James Daniels   |   | Case number (if know)                        |            |
|------------------|--|---|--|------------|
| 4.2<br>5         | Suburban Radiologists, SC.   | Last 4 digits of account number                             | 6758   | \$107.61   |
|                  | Nonpriority Creditor's Name<br>1446 Momentum Place<br>Chicago, IL 60689                              | When was the debt incurred?                                 |  |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only  | ☐ Contingent  |  |            |
|                  | Debtor 2 only  | ☐ Unliquidated  |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                               | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |            |
|                  | ■ No   | Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
|                  | ☐ Yes  | ■ Other. Specify Medical Bill                               | ls   |            |
| 4.2              | US Bank  | Last 4 digits of account number                             | 4278   | \$2,121.00 |
|                  | Nonpriority Creditor's Name Corporate Headquarters 80 S. 8th Street, Suite 224 Minneapolis, MN 55402 | When was the debt incurred?                                 | Opened 11/15 Last Active 2/25/16             |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only  | ☐ Contingent  |  |            |
|                  | Debtor 2 only  | ☐ Unliquidated  |  |            |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                               | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|                  | debt<br>Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
|                  | ■ No   | Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
|                  | Yes  | Other. Specify Credit card                                  | - RMS CC                                     |            |
| 4.2              | Verizon  | Last 4 digits of account number                             | 0001   | \$243.58   |
|                  | Nonpriority Creditor's Name 500 Technology Dr Suite 500 Weldon Spring, MO 63304                      | When was the debt incurred?                                 | Opened 04/15 Last Active 12/31/15            |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|                  | ☐ Debtor 1 only  | ☐ Contingent  |  |            |
|                  | ■ Debtor 2 only  | ☐ Unliquidated  |  |            |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                               | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|                  | debt   |   | ration agreement or divorce that you did not |            |
|                  | Is the claim subject to offset?  | report as priority claims                                   |  |            |
|                  | No   | Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
|                  | ☐ Yes  | Other. Specify Utility Bill                                 |  |            |

|                      | /illage of North Riverside<br>lonpriority Creditor's Name<br>1359 S Desplaines | Last 4 digits of account number 3181  When was the debt incurred? 07/18/2016    | \$1,000.00 |
|----------------------|--|---|------------|
|                      | Yes  | Other. Specify Parking Ticket   |            |
| ı                    | No   | Debts to pension or profit-sharing plans, and other similar debts               |            |
|                      | s the claim subject to offset?   | report as priority claims   |            |
|                      | ☐ Check if this claim is for a community ebt                                   | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
| _                    | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans                           |            |
|                      | Debtor 1 and Debtor 2 only   | Disputed  |            |
| _                    | Debtor 2 only  | Unliquidated  |            |
| _                    | Debtor 1 only  | Contingent  |            |
| _                    | Who incurred the debt? Check one.  | _   |            |
| E                    | Brookfield, IL 60513<br>lumber Street City State Zlp Code                      | As of the date you file, the claim is: Check all that apply                     |            |
|                      | lonpriority Creditor's Name<br>820 Brookfield Avenue                           | When was the debt incurred? 08/22/2016  |            |
| ·                    | /illage of Brookfield  | Last 4 digits of account number 7404  | \$50.00    |
|                      | Yes  | Other. Specify Parking Ticket   |            |
|                      | No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts  |            |
|                      | s the claim subject to offset?   | report as priority claims   |            |
|                      | ☐ Check if this claim is for a community ebt                                   | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
| _                    | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans                           |            |
|                      | Debtor 1 and Debtor 2 only   | Disputed  |            |
|                      | Debtor 2 only  | ☐ Unliquidated  |            |
|                      | Debtor 1 only  | ☐ Contingent  |            |
| v                    | Vho incurred the debt? Check one.  |   |            |
|                      | Brookfield, IL 60513<br>lumber Street City State Zlp Code                      | As of the date you file, the claim is: Check all that apply                     |            |
| 8                    | lonpriority Creditor's Name<br>1820 Brookfield Avenue                          | When was the debt incurred? 10/27/2016  |            |
| 0                    | /illage of Brookfield  | Last 4 digits of account number 9810  | \$50.00    |
| Debtor 1<br>Debtor 2 | Robert James Daniels   | Case number (if know)   |            |
|                      | Megan Diane Daniels  | · ·   |            |

2359 S Desplaines

North Riverside, IL 60546

Number Street City State Zlp Code

Who incurred the debt? Check one.

Debtor 1 only

■ Debtor 2 only

Debtor 1 and Debtor 2 only

lacksquare At least one of the debtors and another  $\square$  Check if this claim is for a community

debt

Is the claim subject to offset?

■ No ☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Parking Tickets

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Megan Diane Daniels Debtor 2 Robert James Daniels                                     |   | Case number (if know)  |  |
|--|---|--|--|
| Name and Address<br>American Express<br>P.O. Box 981540<br>El Paso, TX 79998-1540              | On which entry in Part 1 or Part 2 did<br>Line <b>4.1</b> of ( <i>Check one</i> ):                                | d you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |  |
| E1 F a50, 1X 79990-1940  | Last 4 digits of account number   |  |  |
| Name and Address<br>Armor Systems<br>1700 Kiefer Drive Suite 1<br>Zion, IL 60099               | On which entry in Part 1 or Part 2 did Line 4.2 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims                                       |  |
|  | Last 4 digits of account number   | 7201   |  |
| Name and Address Chase Po Box 15298 Wilmington, DE 19850                                       | On which entry in Part 1 or Part 2 did<br>Line <b>4.4</b> of ( <i>Check one</i> ):                                | d you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |  |
|  | Last 4 digits of account number   |  |  |
| Name and Address<br>Chase<br>Po Box 15298<br>Wilmington, DE 19850                              | On which entry in Part 1 or Part 2 did<br>Line <b>4.5</b> of ( <i>Check one</i> ):                                | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims       |  |
|  | Last 4 digits of account number   |  |  |
| Name and Address<br>Chase<br>Po Box 15298<br>Wilmington, DE 19850                              | On which entry in Part 1 or Part 2 did<br>Line <b>4.6</b> of ( <i>Check one</i> ):                                | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims       |  |
|  | Last 4 digits of account number   |  |  |
| Name and Address Citibank Citicorp/Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63179  | On which entry in Part 1 or Part 2 did<br>Line <b>4.8</b> of ( <i>Check one</i> ):                                | d you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |  |
|  | Last 4 digits of account number   |  |  |
| Name and Address<br>Citibank<br>Po Box 6241<br>Sioux Falls, SD 57117                           | On which entry in Part 1 or Part 2 did Line 4.9 of (Check one):  Last 4 digits of account number                  | d you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |  |
| Name and Address Comcast Corporate Headquarters One Comcast Center Philadelphia, PA 19103-2838 | On which entry in Part 1 or Part 2 did<br>Line <b>4.10</b> of ( <i>Check one</i> ):                               | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims       |  |
| Filliadelpilia, FA 19103-2030  | Last 4 digits of account number   |  |  |
| Name and Address Comcast Corporate Headquarters One Comcast Center Philadelphia, PA 19103-2838 | On which entry in Part 1 or Part 2 did<br>Line <b>4.3</b> of ( <i>Check one</i> ):                                | d you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims    |  |
| 1 IIII. 40100-2000   | Last 4 digits of account number   |  |  |
| Name and Address<br>Credit Control<br>PO box 1945<br>Southgate, MI 48195                       | On which entry in Part 1 or Part 2 did Line <b>4.10</b> of ( <i>Check one</i> ):  Last 4 digits of account number | d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  2607 |  |
| Name and Address Discover PO Box 30395 Salt Lake City, UT 84130                                | On which entry in Part 1 or Part 2 did<br>Line <b>4.11</b> of ( <i>Check one</i> ):                               |  |  |
| Jan Lake Oity, UT 04130  | Last 4 digits of account number   |  |  |

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| Debtor 1 Megan Diane Daniels  | Document Pa   | age 32 01 01   |  |
|---|---|--|--|
| Debtor 2 Robert James Daniels   |   | Case number (if know)  |  |
| Name and Address Discover Financial Attention: Bankruptcy Department Po Box 3025 New Albany, OH 43054 | On which entry in Part 1 or Part 2 Line 4.12 of (Check one):  | 2 did you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims |  |
|   | Last 4 digits of account number   |  |  |
| Name and Address EOS CCA  | On which entry in Part 1 or Part 2 Line <b>4.27</b> of ( <i>Check one</i> ):                                  | 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  |  |
| 700 Longwater Drive<br>Norwell, MA 02061  | Last 4 digits of account number   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Name and Address Healthcare Clinics Walgreens   | On which entry in Part 1 or Part 2 Line 4.14 of (Check one):  | 2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims   |  |
| 16760 Collections Ctr Drive<br>Chicago, IL 60693  | Last 4 digits of account number   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Name and Address Malcolm Gerald & Associates 332 S. Michigan Avenue Suite 600                         | On which entry in Part 1 or Part 2 Line 4.15 of (Check one):  | 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |
| Chicago, IL 60604   | Last 4 digits of account number   |  |  |
| Name and Address MRS Associates of New Jersey 1930 Olney Avenue                                       | On which entry in Part 1 or Part 2 Line 4.4 of (Check one):   | 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |
| Cherry Hill, NJ 08003   | Last 4 digits of account number   |  |  |
| Name and Address MRS Associates of New Jersey 1930 Olney Avenue Cherry Hill, NJ 08003                 | On which entry in Part 1 or Part 2 Line <b>4.5</b> of ( <i>Check one</i> ):                                   | 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |
| Cherry Fills, NO 00003  | Last 4 digits of account number   |  |  |
| Name and Address MRS Associates of New Jersey 1930 Olney Avenue Cherry Hill, NJ 08003                 | On which entry in Part 1 or Part 2 Line <b>4.6</b> of ( <i>Check one</i> ):                                   | 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |
| Cherry Fills, NO 00003  | Last 4 digits of account number   |  |  |
| Name and Address Nationwide Credit, Inc. PO Box 26315   | On which entry in Part 1 or Part 2 Line <b>4.1</b> of ( <i>Check one</i> ):                                   | 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |
| Lehigh Valley, PA 18002   | Last 4 digits of account number   |  |  |
| Name and Address North Shore Agency 270 Spagnoli Road, Suite 110 Melville, NY 11747                   | On which entry in Part 1 or Part 2 Line 4.23 of (Check one):  | 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |
| Weivine, NY 11747   | Last 4 digits of account number   | 4590   |  |
| Name and Address Sprint P.O. Box 4191 Carol Stream, IL 60197-4191                                     | On which entry in Part 1 or Part 2 Line <b>4.17</b> of ( <i>Check one</i> ):  Last 4 digits of account number | 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |
| Name and Address Transworld System Inc. 500 Virginia Drive Suite 514 Fort Washington, PA 19034        | On which entry in Part 1 or Part 2 Line 4.14 of (Check one):  | 2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims   |  |
|   | Last 4 digits of account number   |  |  |
| Name and Address  | On which entry in Part 1 or Part 3  | 2 did you list the original creditor?  |  |

Official Form 106 E/F

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| Debtor 1 Megan Diane Daniels Debtor 2 Robert James Daniels |  | Case number (if know)  |
|--|--|--|
| US Bank<br>Cardmember Service<br>P.O. Box 108              | Line <u><b>4.26</b></u> of ( <i>Check one</i> ): | □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Saint Louis, MO 63166-9801                                 | Last 4 digits of account number                  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | 7  | Γotal Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 1,408.00    |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 1,408.00    |
|              |     |   |     | 7  | Γotal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 93,495.33   |
|              | 6i. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 93,495.33   |

|                        |                          | 1700.000          | 111 FAUE 34 01 01 |  |
|------------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor     | mation to identify your  | case:             |                   |  |
| Debtor 1               | Megan Diane Dar          | niels             |                   |  |
|                        | First Name               | Middle Name       | Last Name         |  |
| Debtor 2               | Robert James Da          | niels             |                   |  |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name         |  |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |  |
| Case number (if known) |                          |                   |                   |  |
| (                      |                          |                   |                   |  |

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

1 Toyota Motor Credit Toyota Financial Services Po Box 8026 Cedar Rapids, IA 52408 **Toyota Camry Hybrid** 

|                               |  | Documen                         | t Page 35 o              | f 61   |  |
|-------------------------------|--|---------------------------------|--------------------------|--|--|
| Fill in this                  | information to identify your   | case:                           |                          |  |  |
| Debtor 1                      | Megan Diane Dar  |                                 |                          |  |  |
| Dobtor 2                      | First Name   | Middle Name                     | Last Name                |  |  |
| Debtor 2<br>(Spouse if, filin | Robert James Da<br>First Name  | Middle Name                     | Last Name                |  |  |
| United Stat                   | tes Bankruptcy Court for the:  | NORTHERN DISTRICT C             | OF ILLINOIS              |  |  |
| Case numb<br>(if known)       | per  |                                 |                          |  | ☐ Check if this is an amended filing   |
| Official                      | Form 106H  |                                 |                          |  | amenaea ming   |
|                               |  | obtoro                          |                          |  | 4044   |
| <u>Scnea</u>                  | ule H: Your Cod  | eptors                          |                          |  | 12/15  |
| •                             | and case number (if known)   | , ,                             | o not list either spouse | as a codebtor.   |  |
| ■ No<br>□ Yes                 |  |                                 |                          |  |  |
|                               | nin the last 8 years, have you<br>a, California, Idaho, Louisiana        |                                 |                          |  | ates and territories include   |
| ■ No.                         | Go to line 3.  |                                 |                          |  |  |
| ☐ Yes.                        | . Did your spouse, former spo  | use, or legal equivalent live v | with you at the time?    |  |  |
| in line<br>Form 1<br>out Co   | 2 again as a codebtor only i<br>106D), Schedule E/F (Officia<br>blumn 2. | f that person is a guaranto     | r or cosigner. Make s    | sure you have listed the c<br>6G). Use Schedule D, Sch | ith you. List the person shown<br>reditor on Schedule D (Official<br>redule E/F, or Schedule G to fill |
|                               | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z       | P Code                          |                          | Check all schedules th                                 | or to whom you owe the debt at apply:  |
| 3.1                           |  |                                 |                          | ☐ Schedule D, line                                     |  |
|                               | Name   |                                 |                          | ☐ Schedule E/F, line                                   |  |
|                               |  |                                 |                          | ☐ Schedule G, line                                     |  |
|                               | Number Street<br>City  | State                           | ZIP Code                 | _  |  |
| 3.2                           |  |                                 |                          | ☐ Schedule D, line                                     |  |
|                               | Name   |                                 |                          | ☐ Schedule E/F, line                                   |  |
|                               |  |                                 |                          | ☐ Schedule G, line                                     |  |
|                               | Number Street  | •                               |                          | _  |  |
| (                             | City   | State                           | ZIP Code                 |  |  |

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| Deb           | otor 1 Meg  | gan Dian   | e Daniels  |   | _                           |  |      |
|---------------|---|--|--|---|-----------------------------|--|------|
|               | otor 2 Rob  | ert Jame   | es Daniels   |   | _                           |  |      |
| Uni           | ted States Bankruptcy Co  | ourt for the   | : NORTHERN DISTRIC   | CT OF ILLINOIS  |                             |  |      |
| Cas<br>(If kn | ee number<br>own)   |  |  | -   | □ Ai                        | k if this is:<br>n amended filing<br>supplement showing postpetition cha<br>3 income as of the following date:   | pter |
| <u>O</u> 1    | ficial Form 106   | <u> </u>   |  |   | $\overline{M}$              | M / DD/ YYYY   |      |
| So            | chedule I: You  | ır Inc   | ome  |   |                             |  | 12/1 |
| spoi          | use. If you are separated<br>th a separate sheet to the   | d and you<br>his form.   |  | ith you, do not include inform  | ation about                 | your spouse. If more space is nee<br>imber (if known). Answer every que  | ded, |
| spoi          | use. If you are separated<br>th a separate sheet to the   | d and you<br>his form.   | r spouse is not filing w   | ith you, do not include inform  | ation about                 | your spouse. If more space is nee  | ded, |
| spoi<br>attac | use. If you are separated the aseparate sheet to the describe Emp   | d and you<br>his form.<br>ployment   | r spouse is not filing w   | ith you, do not include inform  | ation about                 | your spouse. If more space is nee  | ded, |
| spoi          | use. If you are separated<br>th a separate sheet to the   | d and you<br>his form.<br>ployment   | r spouse is not filing w   | ith you, do not include inform  | ation about                 | your spouse. If more space is need the space is need to be specified by the space is need to be specified by the spouse of the s | ded, |
| spoi<br>attac | t1: Describe Emp Fill in your employment information.  If you have more than o  | d and you his form.  bloyment  nt  ne job,   | r spouse is not filing w   | ith you, do not include informional pages, write your name  Debtor 1  Employed                          | ation about                 | your spouse. If more space is need the special point of the special poin | ded, |
| spoi<br>attac | Describe Emp Fill in your employment information.  If you have more than of attach a separate page information about additions.   | d and you<br>his form.<br>bloyment<br>nt<br>one job,<br>with   | r spouse is not filing w<br>On the top of any additi   | ith you, do not include informional pages, write your name  | ation about                 | your spouse. If more space is need the space is need to be specified by the space is need to be specified by the spouse of the s | ded, |
| spoi<br>attac | Describe Emp  Fill in your employment information.  If you have more than o attach a separate page information about addition employers.  | d and you<br>his form.<br>bloyment<br>nt<br>ne job,<br>with<br>onal                                    | r spouse is not filing w<br>On the top of any additi   | ith you, do not include informional pages, write your name  Debtor 1  Employed                          | ation about                 | your spouse. If more space is need the special point of the special poin | ded, |
| spoi<br>attac | Describe Emp Fill in your employment information.  If you have more than of attach a separate page information about additions.   | d and you<br>his form.<br>bloyment<br>nt<br>ne job,<br>with<br>onal                                    | r spouse is not filing w<br>On the top of any additi   | Debtor 1  Employed  Not employed  | aation about<br>and case nu | your spouse. If more space is need the special point of the special poin | ded, |
| spoi<br>attac | Describe Emp Fill in your employment information.  If you have more than o attach a separate page information about additional employers.  Include part-time, seaso   | d and you his form.  bloyment  nt  one job, with onal  onal, or  | r spouse is not filing w On the top of any additi  Employment status  Occupation   | Debtor 1  Employed  Not employed  RN  | aation about<br>and case nu | your spouse. If more space is need the special point of the special poin | ded, |
| spoi<br>attac | Describe Emp Fill in your employment information.  If you have more than o attach a separate page information about additionation employers.  Include part-time, season self-employed work.  Occupation may include | d and you his form.  bloyment  nt  one job, with onal  onal, or  | r spouse is not filing w On the top of any additi  Employment status  Occupation  Employer's name  | Debtor 1  Employed  Not employed  RN  Gottlieb Memorial Hosp  701 W North Avenue Melrose Park, IL 60160 | ital                        | your spouse. If more space is need the special point of the special poin | ded, |
| Par<br>1.     | Describe Emp Fill in your employment information.  If you have more than o attach a separate page information about additionation employers.  Include part-time, season self-employed work.  Occupation may include | d and you<br>his form.<br>bloyment<br>ont<br>one job,<br>with<br>onal<br>onal, or<br>e student<br>ies. | r spouse is not filing w On the top of any additi  Employment status  Occupation  Employer's name  Employer's address  How long employed t | Debtor 1  Employed  Not employed  RN  Gottlieb Memorial Hosp  701 W North Avenue Melrose Park, IL 60160 | ital                        | your spouse. If more space is need the special point of the special poin | ded, |

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

non-filing spouse 6,503.66 0.00 3. 0.00 +\$ 0.00 6,503.66 \$ 0.00

For Debtor 1

For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

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| Copy line 4 here 4.  5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d.   | \$ \$ \$ \$ \$ \$ \$                 | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>17.77<br>15.10<br>25.76       | non-fill   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0          |          |
|--|--------------------------------------|---|--|--|----------|
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d.   | \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ | 1,374.08<br>0.00<br>0.00<br>357.93<br>0.00<br>0.00<br>17.77<br>15.10<br>25.76 | \$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 |          |
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d.   | \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ | 1,374.08<br>0.00<br>0.00<br>357.93<br>0.00<br>0.00<br>17.77<br>15.10<br>25.76 | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 |          |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d.   | \$\$\$\$\$\$\$\$\$\$                 | 0.00<br>0.00<br>0.00<br>357.93<br>0.00<br>0.00<br>17.77<br>15.10<br>25.76     | \$<br>\$<br>\$<br>\$<br>+ \$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 |          |
| 5b.Mandatory contributions for retirement plans5b.5c.Voluntary contributions for retirement plans5c.5d.Required repayments of retirement fund loans5d.   | \$\$\$\$\$\$\$\$\$\$                 | 0.00<br>0.00<br>0.00<br>357.93<br>0.00<br>0.00<br>17.77<br>15.10<br>25.76     | \$<br>\$<br>\$<br>\$<br>+ \$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 |          |
| 5b.Mandatory contributions for retirement plans5b.5c.Voluntary contributions for retirement plans5c.5d.Required repayments of retirement fund loans5d.   | \$\$\$\$\$\$\$\$\$\$                 | 0.00<br>0.00<br>0.00<br>357.93<br>0.00<br>0.00<br>17.77<br>15.10<br>25.76     | \$<br>\$<br>\$<br>\$<br>+ \$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                 |          |
| 5d. Required repayments of retirement fund loans 5d.   | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$        | 0.00<br>357.93<br>0.00<br>0.00<br>17.77<br>15.10<br>25.76                     | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00                                 |          |
|  | \$ \$ \$ \$ \$ \$ \$ \$              | 357.93<br>0.00<br>0.00<br>17.77<br>15.10<br>25.76                             | \$<br>\$<br>\$<br>+ \$   | 0.00<br>0.00<br>0.00<br>0.00   |          |
| Fa. Incomence  | \$ \$ \$ \$ \$ \$ \$                 | 0.00<br>0.00<br>17.77<br>15.10<br>25.76                                       | \$<br>\$<br>+ \$<br>\$   | 0.00<br>0.00<br>0.00   |          |
| 5e. <b>Insurance</b> 5e.   | . \$<br>.+ \$<br>\$<br>\$            | 0.00<br>17.77<br>15.10<br>25.76   | + \$   | 0.00   |          |
| 5f. <b>Domestic support obligations</b> 5f.  | .+ \$<br>\$<br>\$                    | 17.77<br>15.10<br>25.76   | + \$   | 0.00   |          |
| 5g. <b>Union dues</b> 5g.  | \$ \$                                | 15.10<br>25.76  | \$   |  |          |
| 5h. Other deductions. Specify: Life Insurance 5h.  | \$                                   | 25.76   | · -  | 0.00   |          |
| Legal Plan   | \$                                   |   |  |  |          |
| LTD  | · ·                                  |   | \$   | 0.00   |          |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6.   | Ф                                    | 1,790.64  | \$   | 0.00   |          |
| 7. <b>Calculate total monthly take-home pay.</b> Subtract line 6 from line 4. 7.   | Ψ                                    | 4,713.02  | \$   | 0.00   |          |
| List all other income regularly received:     8a. Net income from rental property and from operating a business, profession, or farm     Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.      8b. Interest and dividends      8c. Emily current payments that you a non-filing energy or a dependent.  |                                      | 0.00  | \$<br>   | 0.00   |          |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c.  8d. Unemployment compensation  8d.  |                                      | 200.00  | \$<br>\$   | 0.00   |          |
| 8e. Social Security 8e.  | . \$                                 | 0.00  | \$   | 0.00   |          |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g.  Pension or retirement income  8g.  | \$                                   | 0.00  | \$<br>\$   | 0.00   |          |
| 8h. Other monthly income. Specify:   |                                      | 0.00  | ·  | 0.00   |          |
|  | —                                    |   | · •  | 0.00   | 1        |
| 9. <b>Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9.  | \$_                                  | 200.00  | \$   | 0.00   |          |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | \$                                   | 4,913.02 + \$   | 0  | 0.00 = \$  | 4,913.02 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your depe other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not availanced by the second of the |                                      | •   |  | nedule J.<br>11. +\$   | 0.00     |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Lian</i> applies   |                                      |   |  | ·  | 4,913.02 |
| 13. Do you expect an increase or decrease within the year after you file this form?  □ No. □ Yes. Explain:   |                                      |   |  | Combine<br>monthly   |          |

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| ΞIII  | in this informa                    | ition to identify yo                                  | our case:                           |  |  |             |                  |   |
|-------|------------------------------------|---|-------------------------------------|--|--|-------------|------------------|---|
|       | otor 1                             | Megan Diane   |                                     |  |  | Ch          | eck if this is:  |   |
|       |                                    | oga.i Diane   | <i>-</i> <b>- - - - - - - - - -</b> |  |  |             | An amended filin | g   |
|       | tor 2                              | Robert Jame   | s Daniel                            | s  |  |             |                  | owing postpetition chapter                              |
| (Spo  | ouse, if filing)                   |   |                                     |  |  |             | 13 expenses as o | of the following date:                                  |
| Unit  | ed States Bank                     | ruptcy Court for the                                  | : NORTH                             | IERN DISTRICT OF ILLIN                                       | OIS                                      |             | MM / DD / YYYY   |   |
| 1     | e number                           |   |                                     |  |  |             |                  |   |
| (If k | nown)                              |   |                                     |  |  |             |                  |   |
| O     | fficial Fo                         | rm 106J   |                                     |  |  |             |                  |   |
|       |                                    | J: Your l   |                                     |  |  |             |                  | 12/1  |
| info  | ormation. If manual moder (if know |   | eded, atta<br>y questio             | If two married people ar<br>ch another sheet to this<br>n.   |  |             |                  |   |
| 1.    | Is this a join                     |   | iioiu                               |  |  |             |                  |   |
|       | ☐ No. Go to                        |   |                                     |  |  |             |                  |   |
|       | Yes. Doe                           | es Debtor 2 live i                                    | n a separ                           | ate household?   |  |             |                  |   |
|       | ■ N                                | -   | t tile Offici                       | al Form 106J-2, <i>Expenses</i>                              | for Congrete House                       | hold of Da  | shtor 2          |   |
|       | <b>□</b> 1                         | es. Debior 2 mus                                      | st lile Offici                      | ai Foiiii 1065-2, Experises                                  | i ior Separate House                     | inola of De | edior 2.         |   |
| 2.    | Do you hav                         | e dependents?   | ☐ No                                |  |  |             |                  |   |
|       | Do not list D<br>Debtor 2.         | ebtor 1 and   | Yes.                                | Fill out this information for each dependent                 | Dependent's relati<br>Debtor 1 or Debtor |             | Dependent's age  | Does dependent live with you?                           |
|       | Do not state                       | the   |                                     |  |  |             |                  | □ No  |
|       | dependents                         |   |                                     |  | Daughter                                 |             | 5                | Yes   |
|       |                                    |   |                                     |  |  |             |                  | □ No  |
|       |                                    |   |                                     |  | Daughter                                 |             | 10               | ■ Yes   |
|       |                                    |   |                                     |  |  |             |                  | □ No  |
|       |                                    |   |                                     |  | Daughter                                 |             | 15               | _ Yes   |
|       |                                    |   |                                     |  |  |             |                  | □ No  |
| 3.    | expenses o                         | penses include<br>f people other tl<br>d your depende | han $_{f 	au}$                      | No<br>Yes  |  |             |                  | _ □ Yes   |
| exp   | imate your ex                      |   | our bankr                           | uptcy filing date unless y                                   |  |             |                  | hapter 13 case to report<br>of the form and fill in the |
| the   |                                    | h assistance an                                       |                                     | government assistance it<br>luded it on <i>Schedule I: Y</i> |  |             | Your ex          | penses  |
| 4.    |                                    | or home owners  |                                     | ses for your residence. In                                   | nclude first mortgage                    | e<br>4.     | \$               | 1,818.72  |
|       | If not include                     | led in line 4:  |                                     |  |  |             |                  |   |
|       | 4a. Real                           | estate taxes  |                                     |  |  | 4a.         | \$               | 0.00  |
|       |                                    | rty, homeowner's                                      | s, or renter                        | 's insurance   |  | 4b.         | ·                | 0.00  |
|       |                                    | -   | •                                   | ipkeep expenses  |  | 4c.         | \$               | 50.00   |
|       | 4d Home                            | owner's associat                                      | ion or con                          | nominium duoc  |  | 44          | •                | 0.00  |

0.00

5. Additional mortgage payments for your residence, such as home equity loans

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| Debte<br>Debte |   | Case number (if known)   |                              |
|----------------|---|--------------------------|------------------------------|
| 6.             | Utilities:  |                          |                              |
|                | 6a. Electricity, heat, natural gas  | 6a. \$                   | 125.00                       |
|                | 6b. Water, sewer, garbage collection  | 6b. \$                   | 100.00                       |
|                | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. \$                   | 257.84                       |
|                | 6d. Other. Specify:   | 6d. \$                   | 0.00                         |
| 7.             | Food and housekeeping supplies  | 7. \$                    | 950.00                       |
| 8.             | Childcare and children's education costs  | 8. \$                    | 20.00                        |
|                | Clothing, laundry, and dry cleaning   | 9. \$                    | 130.00                       |
| 10.            | Personal care products and services   | 10. \$                   | 200.00                       |
| 11.            | Medical and dental expenses   | 11. \$                   | 214.00                       |
|                | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.   | 12. \$                   | 220.00                       |
|                | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. \$                   | 111.17                       |
|                | Charitable contributions and religious donations  | 14. \$                   | 0.00                         |
|                | Insurance.  | ·                        |                              |
| -              | Do not include insurance deducted from your pay or included in lines 4 or 20.   |                          |                              |
|                | 15a. Life insurance   | 15a. \$                  | 0.00                         |
|                | 15b. Health insurance   | 15b. \$                  | 0.00                         |
|                | 15c. Vehicle insurance  | 15c. \$                  | 121.97                       |
|                | 15d. Other insurance. Specify:  | 15d. \$                  | 0.00                         |
|                | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20 Specify:   | 16. \$                   | 0.00                         |
|                | Installment or lease payments:  |                          | 0.00                         |
|                | 17a. Car payments for Vehicle 1   | 17a. \$                  | 398.00                       |
|                | 17b. Car payments for Vehicle 2   | 17b. \$                  | 0.00                         |
|                | 17c. Other. Specify:  | 17c. \$                  | 0.00                         |
|                | 17d. Other. Specify:  | 17d. \$                  | 0.00                         |
| 18.            | Your payments of alimony, maintenance, and support that you did not rep   | ort as                   | 0.00                         |
|                | deducted from your pay on line 5, Schedule I, Your Income (Official Form 1<br>Other payments you make to support others who do not live with you.   | \$                       | 0.00                         |
|                | Specify:  | Ψ<br>19.                 | 0.00                         |
| 20.            | Other real property expenses not included in lines 4 or 5 of this form or on  | Schedule I: Your Income. |                              |
|                | 20a. Mortgages on other property  | 20a. \$                  | 0.00                         |
|                | 20b. Real estate taxes  | 20b. \$                  | 0.00                         |
|                | 20c. Property, homeowner's, or renter's insurance   | 20c. \$                  | 0.00                         |
|                | 20d. Maintenance, repair, and upkeep expenses   | 20d. \$                  | 0.00                         |
|                | 20e. Homeowner's association or condominium dues  | 20e. \$                  | 0.00                         |
| <u>:</u> 1.    | Other: Specify:   | 21. +\$                  | 0.00                         |
| 22.            | Calculate your monthly expenses   |                          |                              |
|                | 22a. Add lines 4 through 21.  | \$                       | 4,716.70                     |
|                | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10  | 6J-2 \$                  |                              |
|                | 22c. Add line 22a and 22b. The result is your monthly expenses.   | \$                       | 4,716.70                     |
|                | Calculate your monthly net income.  |                          |                              |
|                | 23a. Copy line 12 (your combined monthly income) from Schedule I.   | 23a. \$                  | 4,913.02                     |
|                | 23b. Copy your monthly expenses from line 22c above.  | 23b\$                    | 4,716.70                     |
|                | 23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .   | 23c. \$                  | 196.32                       |
|                | Do you expect an increase or decrease in your expenses within the year at For example, do you expect to finish paying for your car loan within the year or do you experimental or to the terms of your mortgage?  No. |                          | ase or decrease because of a |
|                | Yes. Explain here:  |                          |                              |

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| Fill in this info                                | rmation to identify valu  | c350:   |  |
|--|---|---|--|
|  | rmation to identify your  |   |  |
| Debtor 1   | Megan Diane Da  | Niels  Middle Name  Last Name   | _  |
| Debtor 2   |   |   |  |
| (Spouse if, filing)                              | Robert James Da   | Middle Name Last Name   | _  |
|  |   |   |  |
| United States B                                  | Bankruptcy Court for the:   | NORTHERN DISTRICT OF ILLINOIS   | _  |
| Case number                                      |   |   |  |
| (if known)                                       | -   |   | ☐ Check if this is an  |
|  |   |   | amended filing   |
| You must file the obtaining mone years, or both. | nis form whenever you t<br>ey or property by fraud<br>18 U.S.C. §§ 152, 1341,                 | er, both are equally responsible for supplying correct informational ile bankruptcy schedules or amended schedules. Making a fals n connection with a bankruptcy case can result in fines up to \$1519, and 3571. | se statement, concealing property, or  |
| Sig  | gn Below  |   |  |
| Did you pa                                       | ay or agree to pay some   | eone who is NOT an attorney to help you fill out bankruptcy for   | ms?  |
| — NI-  |   |   |  |
| ■ No   |   |   |  |
| _  | Name of person  |   | ch Bankruptcy Petition Preparer's Notice,<br>laration, and Signature (Official Form 119) |
| ☐ Yes. Under pen                                 | ·   |   | laration, and Signature (Official Form 119)  |
| ☐ Yes. Under pentithat they a                    | nalty of perjury, I declare   | Decl  | laration, and Signature (Official Form 119)  |
| Under pentithat they a                           | nalty of perjury, I declare<br>are true and correct.<br>egan Diane Daniels<br>n Diane Daniels | that I have read the summary and schedules filed with this dec  | laration, and Signature (Official Form 119)  |
| Under pentithat they a                           | nalty of perjury, I declare<br>are true and correct.<br>egan Diane Daniels                    | that I have read the summary and schedules filed with this dec  | laration, and Signature (Official Form 119)  |

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| F:11         | in Abin info                  | mation to identify your                        |                               |  |                       |                                    |
|--------------|-------------------------------|--|-------------------------------|--|-----------------------|------------------------------------|
|              |                               |  |                               |  |                       |                                    |
| Deb          | otor 1                        | Megan Diane Da First Name                      | niels  Middle Name            | Last Name  |                       |                                    |
| Deb          | otor 2                        | Robert James Da                                |                               | Edot Namo  |                       |                                    |
|              | use if, filing)               | First Name                                     | Middle Name                   | Last Name  |                       |                                    |
| Unit         | ed States Ba                  | ankruptcy Court for the:                       | NORTHERN DISTRICT             | OF ILLINOIS  |                       |                                    |
| Cas          | e number                      |  |                               |  |                       |                                    |
| (if kn       | _                             |  |                               |  | -                     | Check if this is an amended filing |
|              |                               |  |                               |  |                       |                                    |
| Of           | ficial Fo                     | <u>rm 107</u>                                  |                               |  |                       |                                    |
| Sta          | atement                       | of Financial                                   | <b>Affairs for Indivi</b>     | duals Filing for B   | ankruptcy             | 4/10                               |
| infor<br>num | rmation. If r<br>ber (if know | nore space is needed,<br>n). Answer every ques | attach a separate sheet to    | are filing together, both are<br>this form. On the top of any<br>u Lived Before                      |                       |                                    |
| 1.           | What is you                   | ır current marital statu                       | s?                            |  |                       |                                    |
|              | ■ Married □ Not ma            | -  |                               |  |                       |                                    |
| 2.           | During the                    | last 3 years have you                          | lived anywhere other than     | whore you live now?  |                       |                                    |
| ۷.           | During the                    | iasi 5 years, nave you                         | iived airywriere ourer triair | where you live now:  |                       |                                    |
|              | □ No                          |  |                               |  |                       |                                    |
|              | Yes. Li                       | st all of the places you li                    | ved in the last 3 years. Do r | not include where you live now   |                       |                                    |
|              | Debtor 1 P                    | rior Address:                                  | Dates Debtor 1 lived there    | Debtor 2 Prior Ad  | dress:                | Dates Debtor 2 lived there         |
|              |                               |  | From-To:                      | ☐ Same as Debtor 1  2422 Hainswort   |                       | ☐ Same as Debtor 1 From-To:        |
|              |                               |  |                               | North Riverside  | , IL 60546            | 11/2010 - 12/2015                  |
|              | es and territor               | ries include Arizona, Cal                      |                               | gal equivalent in a commun<br>evada, New Mexico, Puerto Ri<br>Official Form 106H).                   |                       |                                    |
| Par          | t 2 Expla                     | in the Sources of You                          | r Income                      |  |                       |                                    |
| الكسب        |                               | <del></del>                                    |                               |  |                       |                                    |
| 4.           | Fill in the tot               | al amount of income you                        | u received from all jobs and  | ng a business during this ye<br>all businesses, including part-<br>ve together, list it only once un | time activities.      | endar years?                       |
|              | □ No                          |  |                               |  |                       |                                    |
|              | Yes. Fi                       | ll in the details.                             |                               |  |                       |                                    |
|              |                               |  | Debtor 1                      |  | Debtor 2              |                                    |
|              |                               |  | Sources of income             | Gross income   | Sources of income     | Gross income                       |
|              |                               |  | Check all that apply.         | (before deductions and exclusions)   | Check all that apply. | (before deductions and exclusions) |

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Debtor 1 Megan Diane Daniels
Debtor 2 Robert James Daniels

Case number (if known)

|   | Debtor 1                                   |   | Debtor 2                                   |   |
|---|--|---|--|---|
|   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2016)             | ■ Wages, commissions, bonuses, tips        | \$63,092.85   | ■ Wages, commissions, bonuses, tips        | \$4,940.00  |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |
| For the calendar year before that:<br>January 1 to December 31, 2015 )  | ■ Wages, commissions, bonuses, tips        | \$82,169.00   | ■ Wages, commissions, bonuses, tips        | \$26,155.00   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |
| For the calendar year:<br>(January 1 to December 31, 2014 )             | ■ Wages, commissions, bonuses, tips        | \$60,058.50   | ■ Wages, commissions, bonuses, tips        | \$13,870.00   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |
| <ul><li>☐ No</li><li>☐ Yes. Fill in the details.</li></ul>              | Debtor 1<br>Sources of income              | Gross income from                                     | Debtor 2<br>Sources of income              | Gross income  |
|   | Sources of income Describe below.          | Gross income from each source (before deductions and  | Sources of income Describe below.          | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2016 )            | child support                              | exclusions) \$2,000.00                                |  |   |
| For the calendar year before that:<br>(January 1 to December 31, 2015 ) | Federal Tax Return                         | \$6,350.00  |  |   |
| For the calendar year:<br>(January 1 to December 31, 2014)              | Federal Tax Return                         | \$5,667.00  | Federal Tax Return                         | \$4,675.0   |
| For the calendar year:<br>(January 1 to December 31, 2013)              | Federal Tax Return                         | \$4,739.00  | Federal Tax Return                         | \$5,725.0   |
| . Are either Debtor 1's or Debtor 2                                     | Debtor 2 has primarily consu               | r debts?<br>umer debts. Consumer debts                | s are defined in 11 U.S.C. § 10            | 1(8) as "incurred by aı                               |
| individual primarily for a  | a personal, family, or househol            |   | of \$6,425* or more?                       |   |
| During the 90 days before   | ore you filed for bankruptcy, di           | a you pay arry oreaster a total                       | , ,  |   |
| □ No. Go to line  |  |   |  | he total amount you                                   |

Case 17-04199 Doc 1 Filed 02/14/17 Entered 02/14/17 13:48:54 Desc Main Page 43 of 61 Document Megan Diane Daniels Debtor 1 Debtor 2 **Robert James Daniels** Case number (if known) Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment Total amount Amount you Was this payment for ... still owe paid Chase 09/01/2016, \$5,456.16 \$203,000.00 Mortgage PO box 78420 10/01/2016, ☐ Car Phoenix, AZ 85062 11/01/2016 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other **Toyota Financial** 10/25/16, 09/23/16, \$1,190.85 \$12,702.24 ■ Mortgage PO box 5855 08/26/16 ☐ Car Carol Stream, IL 60197 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

Yes. Fill in the details.

Case title Nature of the case Court or agency Status of the case Case number

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| De  | htor 2 Robert James Daniels  | Case number  | (if known)               |                           |
|-----|--|--|--------------------------|---------------------------|
| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details below | otcy, was any of your property repossessed, foreclose DW.  | d, garnished, attache    | d, seized, or levied?     |
|     | <ul><li>□ No. Go to line 11.</li><li>■ Yes. Fill in the information below.</li></ul>             |  |                          |                           |
|     | Creditor Name and Address  | Describe the Property  | Date                     | Value of the              |
|     |  | Explain what happened  |                          | property                  |
|     | Wells Fargo  | single family home 2422 Hainsworth, North<br>Riverside, IL 60546   | 05/1/2016                | \$153,000.00              |
|     |  | ☐ Property was repossessed.  |                          |                           |
|     |  | Property was foreclosed.   |                          |                           |
|     |  | Property was garnished.  |                          |                           |
|     |  | ☐ Property was attached, seized or levied.   |                          |                           |
|     | accounts or refuse to make a payment be ■ No □ Yes. Fill in the details.                         |  | Data action was          | <b>.</b>                  |
|     | Creditor Name and Address  | Describe the action the creditor took  | Date action was<br>taken | Amount                    |
| Pa  | Yes List Certain Gifts and Contributions   | 3  |                          |                           |
| 13. | Within 2 years before you filed for bankru ■ No  | ptcy, did you give any gifts with a total value of more  | than \$600 per person    | ?                         |
|     | ☐ Yes. Fill in the details for each gift.  |  |                          |                           |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave the gifts | Value                     |
|     | Person to Whom You Gave the Gift and Address:  |  |                          |                           |
| 14. | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift or co | ptcy, did you give any gifts or contributions with a tot   | al value of more than    | \$600 to any charity?     |
|     | Gifts or contributions to charities that to  |  | Dates you                | Value                     |
|     | more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)          | · ·  | contributed              |                           |
| Pa  | rt 6: List Certain Losses  |  |                          |                           |
| 15. |  | otcy or since you filed for bankruptcy, did you lose any   | thing because of the     | t, fire, other disaster   |
|     | ■ No   |  |                          |                           |
|     | Yes. Fill in the details.  |  |                          |                           |
|     | how the loss occurred  | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss        | Value of property<br>lost |
|     |  | insurance claims on line 55 of Schedule PVD. Froperty.   |                          |                           |

Part 7: List Certain Payments or Transfers

**Megan Diane Daniels** 

Debtor 1

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 4

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Debtor 1 Megan Diane Daniels
Debtor 2 Robert James Daniels

Case number (if known)

|     | consulted about seeking bankruptcy or pre<br>Include any attorneys, bankruptcy petition prep  |                                 |   | vices required  | I in your bankruptcy.                                |   |  |
|-----|---|---------------------------------|---|-----------------|--|---|--|
|     | □ No  |                                 |   |                 |  |   |  |
|     | Yes. Fill in the details.   |                                 |   |                 |  |   |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | transferred                     | and value of any prop                             | erty            | Date payment or transfer was made                    | Amount of payment                             |  |
|     | Kumor & Hipple, P.C.<br>303 W. Main Street<br>West Dundee, IL 60118   |                                 | ed to filing (credit re<br>seling, filing fee)    | eport,          | 11/4/16  | \$418.00                                      |  |
|     | Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo   | ors or to make payn             |   |                 | r transfer any prope                                 | erty to anyone who                            |  |
|     | □ No □ Vera Fill in the data its  |                                 |   |                 |  |   |  |
|     | Yes. Fill in the details.   |                                 |   |                 | Date payment   |   |  |
|     | Person Who Was Paid<br>Address  | Description a transferred       | Description and value of any property transferred |                 |  | Amount of payment                             |  |
|     | Robert S Gitmeid Lawfirm<br>11 Broadway #1677<br>New York, NY 10004   | January - O                     | ctober  |                 | every 2<br>weeks- \$550                              | \$0.00  |  |
|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No |                                 |   |                 |  |   |  |
|     | Yes. Fill in the details.   |                                 |   |                 |  |   |  |
|     | Person Who Received Transfer Address  | Description a property tran     |   |                 | any property or received or debts change             | Date transfer was made                        |  |
|     | Person's relationship to you  |                                 |   | •               | J  |   |  |
|     | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pri No Yes. Fill in the details.  |                                 | er any property to a s                            | elf-settled tru | ıst or similar device                                | of which you are a                            |  |
|     | Name of trust   | Description a                   | and value of the prope                            | erty transferro | ed   | Date Transfer was made                        |  |
| Par | List of Certain Financial Accounts, In  | struments, Safe De              | posit Boxes, and Stor                             | age Units       |  |   |  |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred?   | cy, were any financi            | al accounts or instrur                            | nents held in   | your name, or for y                                  | our benefit, closed,                          |  |
|     | Include checking, savings, money market, houses, pension funds, cooperatives, asso  |                                 | ,   |                 | ares in banks, cred                                  | it unions, brokerage                          |  |
|     | No  |                                 |   |                 |  |   |  |
|     | Yes. Fill in the details.   |                                 |   |                 |  |   |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number | Type of accoun instrument                         | clo<br>mo       | te account was<br>sed, sold,<br>oved, or<br>nsferred | Last balance<br>before closing or<br>transfer |  |

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Debtor 1 Megan Diane Daniels
Debtor 2 Robert James Daniels

Case number (if known)

| 21. |       | you now have, or did you have within 1 year<br>h, or other valuables?  | before you filed for bankruptcy, ar  | y safe deposit box or other deposito  | ory for securities,   |
|-----|-------|--|--|---------------------------------------|-----------------------|
|     |       | No<br>Yes. Fill in the details.  |  |                                       |                       |
|     |       | me of Financial Institution dress (Number, Street, City, State and ZIP Code)   | Who else had access to it? Address (Number, Street, City, State and ZIP Code)        | Describe the contents                 | Do you still have it? |
| 22. | Hav   | e you stored property in a storage unit or pla   | ·  | year before you filed for bankruptcy  | ?                     |
|     |       | No<br>Yes. Fill in the details.  |  |                                       |                       |
|     |       | me of Storage Facility<br>dress (Number, Street, City, State and ZIP Code)   | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                 | Do you still have it? |
| Par | t 9:  | Identify Property You Hold or Control for S  | Someone Else   |                                       |                       |
| 23. |       | you hold or control any property that someonsomeone.   | ne else owns? Include any propert  | y you borrowed from, are storing for  | r, or hold in trust   |
|     |       | No<br>Yes. Fill in the details.  |  |                                       |                       |
|     |       | rner's Name<br>dress (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                 | Value                 |
| Par | t 10: | Give Details About Environmental Informa   | ation  |                                       |                       |
| or  | the p | ourpose of Part 10, the following definitions  | apply:   |                                       |                       |
|     | toxi  | rironmental law means any federal, state, or l<br>c substances, wastes, or material into the ai<br>ulations controlling the cleanup of these sub | r, land, soil, surface water, ground   | <u> </u>                              |                       |
|     |       | means any location, facility, or property as wn, operate, or utilize it, including disposal  | •  | aw, whether you now own, operate,     | or utilize it or used |
|     |       | <i>ardous material</i> means anything an environr<br>ardous material, pollutant, contaminant, or s   |  | waste, hazardous substance, toxic s   | substance,            |
| ₹ер | ort a | Il notices, releases, and proceedings that yo  | ou know about, regardless of when  | they occurred.                        |                       |
| 24. | Has   | any governmental unit notified you that you  | ı may be liable or potentially liable  | under or in violation of an environme | ental law?            |
|     |       | No<br>Yes. Fill in the details.  |  |                                       |                       |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)           | Environmental law, if you know it     | Date of notice        |
| 25. | Hav   | e you notified any governmental unit of any  | release of hazardous material?   |                                       |                       |
|     |       | No<br>Yes. Fill in the details.  |  |                                       |                       |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)           | Environmental law, if you know it     | Date of notice        |
|     |       |  |  |                                       |                       |

Case 17-04199 Doc 1 Filed 02/14/17 Entered 02/14/17 13:48:54 Document Page 47 of 61 Debtor 1 Megan Diane Daniels Debtor 2 **Robert James Daniels** Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Megan Diane Daniels /s/ Robert James Daniels Megan Diane Daniels **Robert James Daniels** Signature of Debtor 1 Signature of Debtor 2 Date February 13, 2017 Date February 13, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |   |
|------------|--------------------|---|
| \$245      | filing fee         | _ |
| \$75       | administrative fee |   |
| + \$15     | trustee surcharge  |   |
| \$335      | total fee          |   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-04199 Doc 1 Filed 02/14/17 Entered 02/14/17 13:48:54 Desc Main Document Page 52 of 61

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court**Northern District of Illinois

| In  | Megan Diane Daniels  Robert James Daniels  |   | Case No.               |                                     |  |  |  |
|---|--|---|------------------------|-------------------------------------|--|--|--|
|   | Troport Games Bamelo   | Debtor(s)   | Chapter                | 13                                  |  |  |  |
|   | DISCLOSURE OF COMPENSA   | TION OF ATTO  | RNEV FOR DE            | RTOR(S)                             |  |  |  |
|   |  |   |                        | ` ,                                 |  |  |  |
| 1.  | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  |   |                        |                                     |  |  |  |
|   | For legal services, I have agreed to accept  |   | \$                     | 1,500.00                            |  |  |  |
|   | Prior to the filing of this statement I have received  |   | \$                     | 0.00                                |  |  |  |
|   | Balance Due  |   | \$                     | 1,500.00                            |  |  |  |
| 2.  | \$310.00 of the filing fee has been paid.  |   |                        |                                     |  |  |  |
| 3.  | The source of the compensation paid to me was:   |   |                        |                                     |  |  |  |
|   | ■ Debtor □ Other (specify):  |   |                        |                                     |  |  |  |
| 4.  | The source of compensation to be paid to me is:  |   |                        |                                     |  |  |  |
|   | ☐ Debtor ☐ Other (specify): Legal Plan   |   |                        |                                     |  |  |  |
| 5.  | ■ I have not agreed to share the above-disclosed compensat   | ion with any other person                               | unless they are memb   | pers and associates of my law firm. |  |  |  |
|   | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names o   |   |                        |                                     |  |  |  |
| 6.  | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |                        |                                     |  |  |  |
|   | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Exemption planning</li> </ul> |   |                        |                                     |  |  |  |
| 7.  | 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; Negotiations w/ secured creditors to reduce market value.  |   |                        |                                     |  |  |  |
|   | CI   | ERTIFICATION  |                        |                                     |  |  |  |
| this  | I certify that the foregoing is a complete statement of any agree bankruptcy proceeding.   | eement or arrangement fo                                | r payment to me for re | epresentation of the debtor(s) in   |  |  |  |
| February 13, 2017 /s/ Roxanna M. Hipple, Esq. |  |   |                        |                                     |  |  |  |
|   | Date   | Signature of Attorn<br>KUMOR & HIPPL<br>303 West Main S | É, P.C.<br>treet       |                                     |  |  |  |
|   |  | West Dundee, IL<br>(847) 426-2900 I<br>rhipple@kumorh   | Fax: (847) 426-2907    | ,                                   |  |  |  |
|   |  | Name of law firm  |                        |                                     |  |  |  |

#### RETAINER AGREEMENT (Chapter 13 – Legal Plan)

This agreement is between <u>INEGAN's ROBERT DANTELS</u> Debtor(s) and KUMOR & HIPPLE, P.C., Attorneys concerning preparation and handling of a Chapter 13 bankruptcy case by attorneys on behalf of Debtor(s).

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure — but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from by their attorneys, but debtors also have responsibilities to their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

#### BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but attorney attention is required for the review and signing.)
- Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- Advise the debtor of the need to maintain appropriate insurance.

#### AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.

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- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

.- ,

- Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- Timely respond to motions for relief from stay.

- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

#### **PAYMENT OF ATTORNEYS' FEES**

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of \$ \_\_1,500.00 \_ through confirmation, with additional fees paid for any post-confirmation work. ALL OF THE LEGAL FEES PAID TO ATTORNEY SHALL BE PAID BY THE DEBTORS LEGAL PLAN. THEREFORE, NONE OF THE FEES SHALL BE PAID FROM THE DEBTORS ESTATE.

Prior to signing this agreement the attorney has received \$\_0.00\_, leaving a balance due of \$\_1.500.00\_, In extraordinary circumstances, the attorney may apply to the Legal Plan for additional compensation for services related to the circumstances.

- 2. Early termination of the case. Fees payable under the provisions set out above are not refundable in the event that the case is dismissed, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.

  4/9.00
- 3. Retainers. In addition, Attorney has received a \$500.00 security retainer before filing the case for payment of costs incurred by Attorney that are not paid through the legal plan.
- 4. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 5. Discharge of the attorney. The debtor may discharge the attorney at any time.

Date: <u>U2-14-17</u>

Joint Debtor (if applicable)

### United States Bankruptcy Court Northern District of Illinois

| In re | Megan Diane Daniels<br>Robert James Daniels  |  | Case No.   |    |  |  |
|-------|--|--|------------|----|--|--|
|       | - Nozort Games Damois  | Debtor(s)                                    | Chapter 13 |    |  |  |
|       | VE   | ERIFICATION OF CREDITOR M                    | IATRIX     |    |  |  |
|       |  | Number of                                    | Creditors: | 45 |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of a (our) knowledge. |  |            |    |  |  |
| Date: | February 13, 2017  | /s/ Megan Diane Daniels  Megan Diane Daniels |            |    |  |  |
|       |  | Signature of Debtor                          |            |    |  |  |
| Date: | February 13, 2017  | /s/ Robert James Daniels                     |            |    |  |  |
|       |  | <b>Robert James Daniels</b>                  |            |    |  |  |
|       |  | Signature of Debtor                          |            |    |  |  |

American Express Corporate Headquarters 200 Vesey Street , 44th Floor New York, NY 10285

American Express P.O. Box 981540 El Paso, TX 79998-1540

Armor Systems 1700 Kiefer Drive Suite 1 Zion, IL 60099

Brookfield Police Department 8820 Brookfield Avenue Brookfield, IL 60513

Cbe Group Attn: Bankruptcy Po Box 900 Waterloo, IA 50704

Chase Corporate Headquarters 270 Park Avenue New York, NY 10017

Chase Po Box 15298 Wilmington, DE 19850

Chase Mortgage 3415 Vision Dr Columbus, OH 43219

Citibank 399 Park Avenue Headquarters New York, NY 10001

Citibank Citicorp/Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63179 Citibank Po Box 6241 Sioux Falls, SD 57117

Comcast Corporate Headquarters One Comcast Center Philadelphia, PA 19103-2838

Credit Control 5757 Phantom Drive Suite 330 Hazelwood, MO 63042

Credit Control PO box 1945 Southgate, MI 48195

Discover PO Box 30395 Salt Lake City, UT 84130

Discover Financial Attention: Bankruptcy Department Po Box 3025 New Albany, OH 43054

Discover Financial Services LLC Corporate Headquarters 2500 Lake Cook Rd Riverwoods, IL 60015

Dupage Pathology Associates 520 E 22nd Street Lombard, IL 60148

EOS CCA 700 Longwater Drive Norwell, MA 02061

Go Financial 7465 E Hampton Ave Mesa, AZ 85209

Healthcare Clinic Walgreens 1901 E Voorhees MS 3099 Danville, IL 61832

Healthcare Clinics Walgreens 16760 Collections Ctr Drive Chicago, IL 60693

Hinsdale Hospital/Amita 75 Remittance Dr STE 3250 Chicago, IL 60675

Hinsdale Hospital/Amita 75 Remittance Drive Chicago, IL 60675

IC Systems, Inc 444 Highway 96 East St Paul, MN 55127

Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515

IRS P.O. Box 7346 Philadelphia, PA 19101-7346

Malcolm Gerald & Associates 332 S. Michigan Avenue Suite 600 Chicago, IL 60604

Mario C Yu 1919 Midwest Road Oak Brook, IL 60523

MRS Associates of New Jersey 1930 Olney Avenue Cherry Hill, NJ 08003 Nationwide Credit, Inc. PO Box 26315 Lehigh Valley, PA 18002

North Shore Agency 270 Spagnoli Road, Suite 110 Melville, NY 11747

Oppity Fin 11 E. Adams Chicago, IL 60603

Pnc Bank 2730 Liberty Ave Pittsburgh, PA 15222

Proactiv PO box 2020 Harlan, IA 51593

Quest Diagnostics PO box 740397 Cincinnati, OH 45274

Sprint P.O. Box 4191 Carol Stream, IL 60197-4191

Suburban Radiologists, SC. 1446 Momentum Place Chicago, IL 60689

Toyota Motor Credit Toyota Financial Services Po Box 8026 Cedar Rapids, IA 52408

Transworld System Inc. 500 Virginia Drive Suite 514 Fort Washington, PA 19034

US Bank Corporate Headquarters 80 S. 8th Street, Suite 224 Minneapolis, MN 55402 US Bank Cardmember Service P.O. Box 108 Saint Louis, MO 63166-9801

Verizon 500 Technology Dr Suite 500 Weldon Spring, MO 63304

Village of Brookfield 8820 Brookfield Avenue Brookfield, IL 60513

Village of North Riverside 2359 S Desplaines North Riverside, IL 60546